DOCUMENT RESUME

ED 197 195	CE 027 836

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TITLE	It's My Life: Individualized Service Planning. A Consumer Education Module for People with Disabilities.
INSTITUTION	City Univ. of New York, N.Y. Center for Advanced Study in Education.
SPONS AGENCY	Office of Consumer's Education (ED), Washington, D.C.
PUB DATE	[80]
CONTRACT	300-78-0552
NOTE	92p.: For related documents see CE 027 837-838. Prepared through Consumer Education Development Program.
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Adult Education: *Consumer Education: *Disabilities: *Individual Needs: Instructional Materials: Learning Activities: Learning Modules: *Mental Health Programs: *Mental Retardation: Needs Assessment: *Program Development: Records (Forms)
IDENTIFIERS	*Individualized Service Plans

ABSTRACT

This consumer education module is designed to provide consumers of mental health services with the skills necessary to participate in the development and delivery of services. The module is intended for use by both the mental health practitioner or consumer advocate and the mentally disabled individual. One preliminary unit and seven activities, designed to be given in three to five two-hour sessions, are presented to enable the consumer to participate in the Individualized Service Plan (ISP) process. (The ISP is both a design for services as well as the mechanism linking persons who are mentally retarded with that combination of services which will enable them to live in the community with a progressively decreasing number of life-long services.) The seven activities require students to read their plans: assess their needs: understand the steps of the process: voice their goals, needs, and strengths in a planning interview: learn to understand and use various forms and records: and learn the parts of and how to act at an ISP meeting. (Appendixes contain an overview of the ISP process and information on ISP meetings, client involvement, and the identification of needs areas. (MN)

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Consumer Education Development Program

A National Study

ED197195

IT'S MY LIFE

INDIVIDUALIZED SERVICE PLANNING

Suzanne Dale Wilcox

A Consumer Education Module
For People
With Disabilities

CE 027 836

New Careers Training Laboratory
Center for Advanced Study in Education
City University of New York

Art Work
by Renalda Higgins

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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•General CEDP publications include the following:

Michigan Consumer Education Center

Classification of Concepts in Consumer Education
Rosella Bannister and Charles Monsma (1980)

Effective Consumer and Education Programs
Charles Monsma and Rosella Bannister (1979)

National Consumers League

Consumer Education: Alternative Modules for Curriculum
Mary F. Boyles (1980)

Current and Future Purposes and Objectives of Consumer Education
Sandra L. Willett (1980)

Research Issues: Consumers and an Uncertain Future
Dennis Pirages (1980)

The Educated Consumer: An Analysis of Curriculum Needs in Consumer Education Suzanne Dale Wilcox (1980)

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Disseminating Innovation in Consumer Education
Suzanne Dale Wilcox (1979)

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Citizen Participation: Increasing the Bargaining Power of Consumers
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Inflation: Consumers Counter the Cost of Living
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Medicare/Medigap Health Insurance Issues: Consumers Get Involved
Mary F. Boyles (1980)

New Careers Training Laboratory

It's My Life: Participation in Individual Service Planning by the Mentally Retarded Suzanne Dale Wilcox (1980)

Together We Can: Consumer Education for the Mentally Retarded
Suzanne Dale Wilcox (1980)

Urban Consumer: A Community Newspaper Suzanne Dale Wilcox (1980)

This material is based upon work supported by the Office of Consumers' Education, Department of Education, Contract Number 300780552. Any opinions, findings and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the Office or the Department.

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CREDITS AND ACKNOWLEDGEMENTS

The Consumer Education Development Program is a collaborative project, conducted by three organizations, benefiting from the advice and assistance of many people throughout the country. We appreciate the help given to us both from those within our own institutions, and by the many people in schools, colleges, community organizations, government agencies, consumer agencies, and the consumer education world. We are grateful and hope that this and other products of CEDP reflect that valuable help.

We especially express our appreciation to Dr. Dustin Wilson, Director, Office of Consumers' Education, U.S. Department of Education. It was he who initiated the idea for this project and who has been vital to its achievement. As Project Officer, he has been concerned but not intruding, available but not imposing, questioning but not badgering. We are grateful to him.

While the work of the Consumer Education Development Program has been national, in the development of training units it has been local. This module represents the work of Sue Wilcox who, with her colleagues Alan Gartner, Fran Dory and Ethel Mingo, at the New Careers Training Laboratory, worked with people in the Franklin-Hampshire Area Office, Massachusetts Department of Mental Health, with the Franklin County Association for Retarded Citizens and with members of the Open Door Club, A Self-Advocacy Group for mentally retarded people in Northampton, Massachusetts. Those who were particularly helpful are Britt Ellis, Massachusetts Department of Mental Health, Franklin-Hampshire Area Office, who located vast amounts of material on the Individualized Service Plan and provided emotional as well as technical support for the project; Roger Brunell, President, Riverside Industries; April Stein and Sally Therrien, also of the Franklin-Hampshire Office; George Hows, John Patrick and Alice Caron, wonderful helpers and now good friends, who are founding members of the Open Door Club; Joan Killough-Miller, Franklin County Association for Retarded Citizens. The members of the Open Door Club who "tested out" the training design included: James Newberry, Bruce Kickery, Alice Caron, George Hows, James Brittian, Jim Masse, and Peter Torres.

Donna Liebl and Chris Palames of the Stavros Foundation in Amherst, a consumer-oriented group for people with disabilities, opened their storehouse of resources. William Jones, Superintendent, and Elizabeth Shafer, Director of Training, Belchertown State School, both opened doors for us, in this project and others, and provided support, encouragement and friendship. Charlotte Fisk of the New Careers Training Laboratory, patiently and lightheartedly, typed this manuscript.

THE CONSUMER EDUCATION DEVELOPMENT PROGRAM

The fundamental premise of the Consumer Education Development Program has been that consumer education, if it is to be effective in the future, must be critically examined today. Researchers and practititioners have repeatedly called for a clearer definition of consumer education, an examination of its purposes and objectives and identification of its important concepts.

During the first year of the Consumer Education Development Program, the major work was devoted to addressing such questions as:

- What is being done in consumer education? And how effectively?
- What areas of concern are being addressed? And which were not?
- What are the needs of the future?
- How can new teaching materials best be developed and disseminated?

In addressing these and similar questions, we consulted with leaders and practitioners of consumer education from schools and colleges, and from community groups and government agencies. We convened meetings, read reports, visited programs, and talked with those doing programs, in an effort to describe accurately what was happening in consumer education and what was needed. The reports listed on the inside front cover of this module address these topics.

The CEDP publication which provided the linkage between the work of the first and second year is the Classification of Concepts in Consumer Education. This Classification expresses our view of the broad scope of consumer roles and influence, and the increasing complexity of consumer education. Using the classification of concepts as a base, we developed a set of curriculum modules, designed to illustrate various aspects of the classification system. These units were designed to present new material, to illustrate new approaches or to address new audiences, and were pilot-tested in various locations. The chart on the following page lists the concepts, test site location, site agency and the target audience.

CLASSIFICATION OF CONCEPTS IN CONSUMER EDUCATION

The primary reason for developing the 1980 Classification of Concepts in Consumer Education was to provide a basis for program and materials development and to encourage exchange of ideas and information about consumer education. The identification and classification of concepts should diminish confusion, both within and outside the field, as to what consumer education is, and what consumers should know and be able to do.

The learning activities in "It's My Life" are based on the conceptual framework which appears in Figure 1, the Consumer Decision-Action System. The concept, consumer, is best described in the context of this system. Put simply, the system is a visual way of describing what consumers do. Consumers make decisions to act in one or more of a variety of ways: planning, purchasing, conserving, getting legislative or other protection for themselves and advocating for their cause. Consumers are thus seen as persons with a broad range of options relative to each of the specific consumption areas (e.g. housing, energy, food shopping, legal services).

Building on a definition of consumer education, the concepts which make up the content of the field are identified and classified in Figure 2. The CEDP Classification of Concepts in Consumer Education provides a definition of each concept, discusses its application to consumer education, illustrates the potential impact of consumer education, various modes of consumer behavior, and identifies twelve contemporary factors affecting consumer decisions.

Consumer competence in the marketplace is spelled out in many types of behavior and learning. Knowledge is interdependent; in reality concepts merge in endless combinations. In this curriculum module, "It's My Life", we illustrate how the concept of advocacy is related to many other concepts within the realm of consumer behavior.

The activities in this module relate to a portion of the classification of concepts which deals with the range of consumer behavior appropriate to educated Americans, namely consumer advocacy. The training activities are meant to be used in self-advocacy groups of people with mental disabilities. The aim is to help these consumers learn to advocate for themselves, here in the development of their individualized service plan. Such advocacy includes those concepts in the classification of concepts under consumer advocacy: consumer assertiveness, consumer representation and consumer organization. The self-advocacy group is a truly consumer-intensive organization. It is used as both the forum for these training activities and the mechanism by means of which people can explore another concept area: personal factors - resources, lifestyle, values and goals, needs and wants, and lifecycle. Consumer education has not traditionally included advocacy as a legitimate goal of learning. It is a central premise of our work that not only must consumer education extend its scope from a primary focus on goods purchase to service use, but also to see participation, here in the development of the ISP, but elsewhere in other areas of the human services, as an important area of consumer involvement.*

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*See Alan Gartner, Colin Greer, Frank Riessman, Consumer Education in the Human Services. New York: Pergamon Press, 1979.

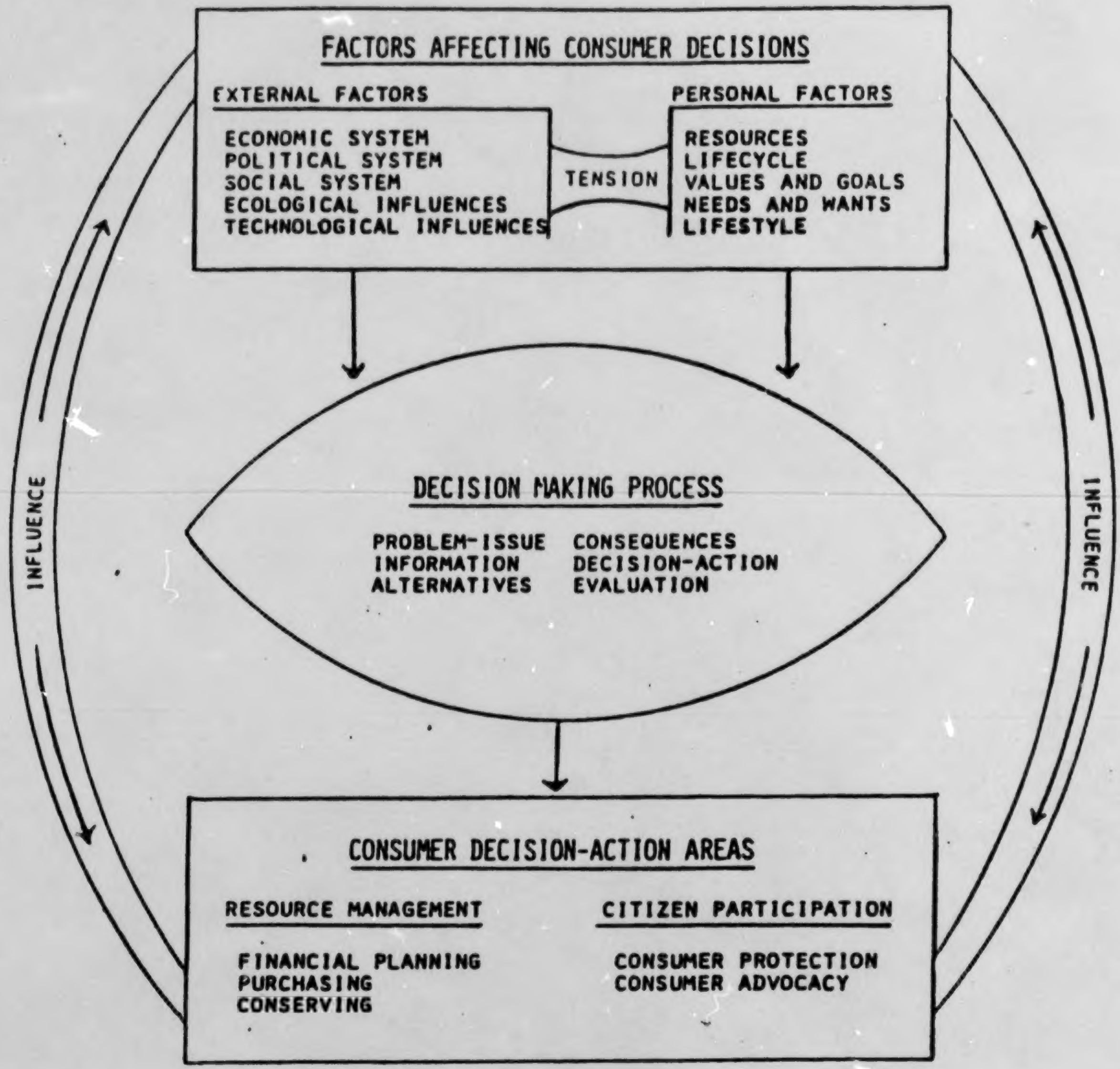

FIGURE 1. CONSUMER DECISION-ACTION SYSTEM*

Suzanne Dale Wilcox, A Conceptual Framework for Consumer Education Curricula, City University of New York, January, 1980, p. 12.
From Bannister, Rosella and Monsma, Charles, Classification of Concepts in Consumer Education, Consumer Education Development Program, Michigan Consumer Education Center, Eastern Michigan University, Ypsilanti, Michigan 1980, p. 10.

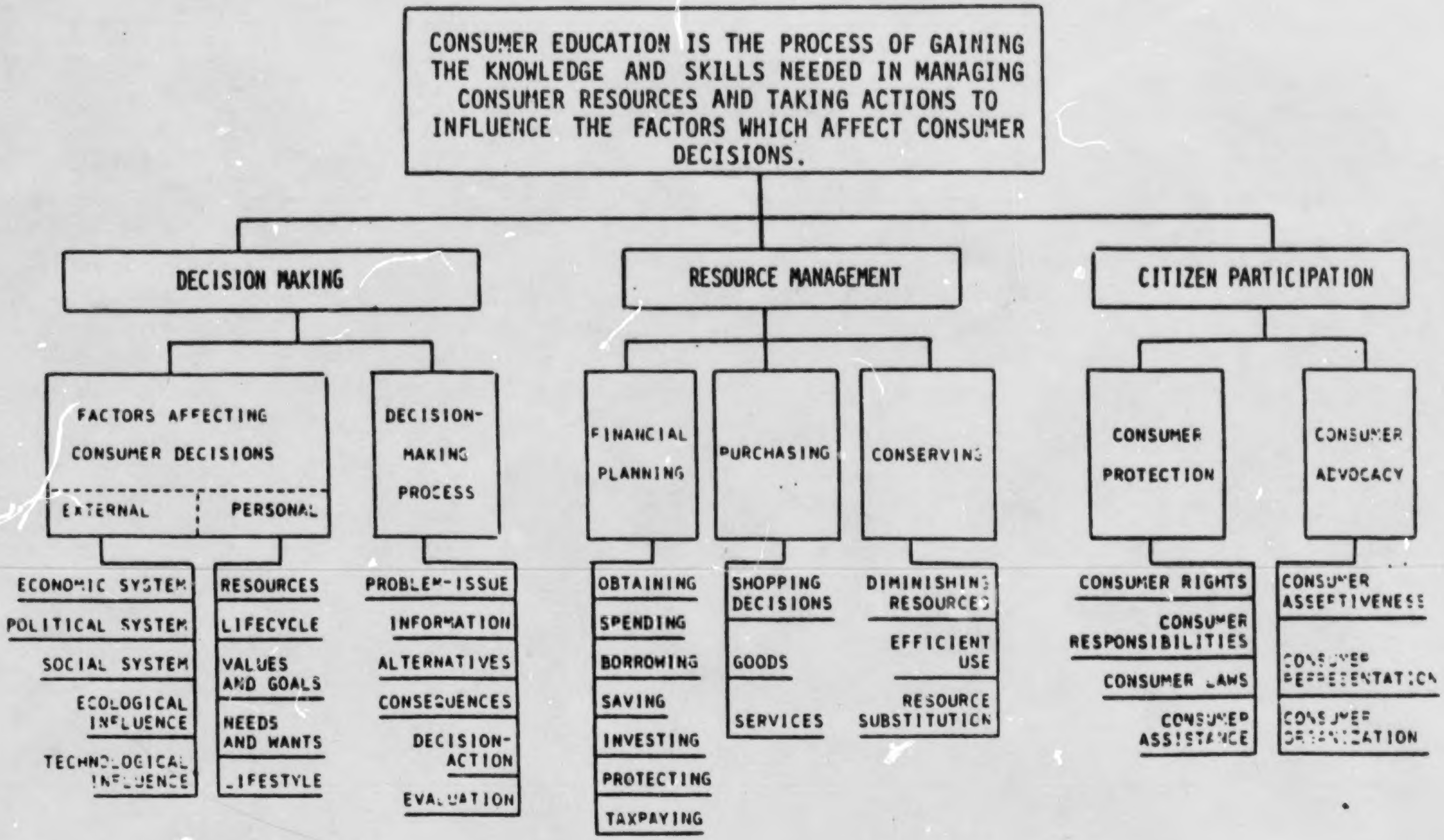

FIGURE 2. A CLASSIFICATION OF CONCEPTS IN CONSUMER EDUCATION

*From Bannister, Rosella and Monsma, Charles, Classification of Concepts in Consumer Education, Consumer Education Development Program, Michigan Consumer Education Center, Eastern Michigan University, 1980, p. 14.

CONCEPT TEST SITE PLAN

CONCEPT CATEGORY	LOCATION AND AGENCY	TARGET AUDIENCES
Resource Management (Financial Planning)	Detroit, Michigan WXYZ-Television	Adult Women, Separated, Widowed, Divorced
Economic System (Inflation)	Oregon Department of Education	Secondary School Teachers and Students
Economic System (Inflation)	Ypsilanti, Michigan Ypsilanti High School	Secondary School Teachers and Students
Citizen Participation (Advocacy)	Atlanta, Georgia Jacqueline Lassiter Assoc.	Community Based Organization Personnel
Citizen Participation (Advocacy)	St. Louis, Missouri City Schools	Urban, Elementary Teachers and Students
Citizen Participation (Advocacy)	Iowa Consumers League	Rural Adults
Citizen Participation (Advocacy)	Berkeley, California Vista College	Urban Adults
Resource Management (Purchasing)	New York City Public Schools	Urban Junior High School Students
Resource Management (Purchasing)	Western Massachusetts Belchertown State School	Deinstitutionalized Developmentally Disabled
Citizen Participation (Advocacy)	Northampton Open Door Club	Developmentally Disabled

The planned outcome of the entire two-year CEDP study is to build a new design for consumer education that:

- is more far-reaching and integrated than ever before
- includes attention to topics of increasing interest to consumers -- such as human services, conservation, inflation and consumer
- incorporates expanded roles for consumers, such as the consumer-citizen role in influencing public policies which affect consumers
- assures increased attention to special groups served by consumer education, including women, the poor, senior citizens, the disabled, minority groups.

The CEDP study has produced an assessment of consumer education, a revitalized classification of concepts, and new approaches and materials which should lead to improved consumer education programs in a variety of educational settings.

In developing this module, Suzanne Wilcox coordinated the following activities:

- meetings with Department of Mental Health staff, self-advocacy group members.
- attendance and evaluation of current training designed for professionals regarding the process of individualizing service plans.
- research on the Individualized Service Plan and its predecessor, the Individualized Program Plan, as mechanisms for coordinating the delivery of services.
- a series of meetings with professionals working on training designs for those who are mentally retarded: Max Korn, Social Services, Inc., Brookline, Massachusetts; Roger Burnell, Riverside Industries, Easthampton, Massachusetts; Donna Liebl, Stavros Foundation, Amherst, Massachusetts; Joanne Siegel, Yeshiva University, New York City; John McDonough, Seaside Associates.
- needs assessment meetings with professional and paraprofessional staff members in the Franklin-Hampshire Area office, with the directors of the Hampshire County Association for Retarded Citizens, and with the members of the Open Door Club, Northampton, Massachusetts.
- five training workshops for members of self-advocacy groups of mentally retarded persons, three of them with the Open Door Club in Northampton and two conducted by Alan Gartner and Sue Wilcox at the statewide conference for Massachusetts Self-Advocacy groups, held in Springfield, MA on November 22-23, 1980.

It's My Life

Purposes, Audience and Timeframe

The module, "It's My Life" has, as its major purpose, that of providing consumers of mental health services with the skills they need to participate in the development and delivery of services. In the state of Massachusetts, and for that matter across the country, consumers who have mental disabilities and who are being rehabilitated in community settings, have been provided with a new mechanism for participation in evaluating the services they receive: residential, vocational, educational and recreational. This mechanism, the Individualized Service Plan, is both a continuation of the old institutional record-keeping system and a newly-conceived method to develop services for consumers with an interdisciplinary team of which they are a part. The method of developing the ISP is really a process; for this reason, the training activities here are meant to give consumers skills to participate at many stages in the process, to advocate for themselves with regard to Department of Mental Health services which affect their lives.

The audience for the module includes the immediate consumer, the mental health practitioner or consumer advocate who works with people with mental disabilities and the ultimate consumer, the mentally disabled individual living in the community. The delivery mechanisms for this module can be arranged on a continuum relative to their degree of relationship to the service delivery system. The most closely related delivery mode would be direct Department of Mental Health delivery to clients. A workshop in this mode, for example, would look like this: You would find a Service Coordinator or another DMH employee conducting training sessions for clients or hiring others to do so. Another delivery mode, one less closely allied to the service system and yet closely connected to a DMH system, would find the training delivered in the context of a DMH sponsored and funded self-advocacy group, where persons with mental disabilities come together to assist one another. Here, the person delivering the training might be a DMH staffer or an outside person, hired by DMH. Yet another delivery module is a vendor-contracted self-advocacy club, where an ARC (Association for Retarded Citizens), or a service provider like a sheltered workshop would receive a contract to cover expenses connected with a self-advocacy group. Other delivery modes, still more removed from DMH because their funding is not dependent, might include ISP training delivery in the context of a self-advocacy group which has been funded from a source other than DMH. There is actually a service delivery continuum within this mode, ranging from government, corporate and labor sponsorship to training which is sponsored by self-advocacy group members themselves and delivered by group members themselves.

The training module here was delivered in DMH-sponsored settings, one a self-advocacy group under the direct supervision of DMH, the other a vendor-contracted self-advocacy group. These modes were chosen by us because they were available and manifest our belief that, at the moment, clients can be well served in DMH settings where the consumer's best interest is held important. However, we are aware that conflicts between consumer and producer are as prevalent here as elsewhere. Those who deliver this module must be kept aware of the danger of providing producer rather than consumer education.

The timeframe for delivering this module is dependent to a large extent on the capability of the group. Three to five sessions, each of two or three hours are a minimum. A group of four to six persons is ideal.

OVERVIEW

INDIVIDUALIZED SERVICE PLAN

Most consumers need to learn specialized skills when they shop for or purchase services. Their fear of professionals, ignorance of service delivery mechanisms and inability to complain effectively puts them at a disadvantage in the service world. When the services being consumed originate in governmental agencies, consumers are beset by problems of complexity, and bureaucratic inefficiency. And when such governmental services focus on shaping an individualized plan to coordinate a mix of services, the challenge to the consumer is even greater.

Add to this mounting complexity the difficulty of a deinstitutionalized consumer, a person who has spent a large portion of his/her life in an institutional setting, with little opportunity to make choices or express desires, who now finds her/himself in the community. It is this person acting as a consumer of the Individualized Service Plan whom we hope the training exercises in this unit will assist. Such exercises aim to give consumers the skills to understand the ISP process, to evaluate their ISP's, to participate in their development and to appeal their plans when appropriate.

Self-help mutual aid has been found to be particularly beneficial when the service being delivered is consumer intensive.* The package of services delivered by means of the ISP mechanism requires a high level of consumer involvement and therefore the training exercises which follow are meant to be delivered in the context of a self-advocacy group in which individuals undergoing the transition from institution to community assist one another with the help of a professional who serves as group facilitator.

The Individualized Service Plan is both a design for services as well as the mechanism which links persons who are mentally retarded with that combination of services which will enable them to live in the community with a progressively decreasing number of life-long or follow-along services. In its ideal form, the ISP process involves consumers with an interdisciplinary team in assessing needs and strengths and in planning for a progressively normalized life in the community. Much of the process' success depends on consumer involvement. Such participation depends heavily on the individual's ability to assess data, express desires, assert one's wishes, demand one's rights. These are the topics of the training in this unit, training which explains the process to consumers and then helps them to cope, and to participate fully in it.

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*For an extensive treatment of this subject as it relates to a range of human services, see Alan Gartner and Frank Riessman, Self-Help in the Human Services. San Francisco: Jossey-Bass Publishers, 1977.

While the system for putting together the Individualized Service Plan and its details may vary from state to state, the essential components remain the same. These components include:

1) a recognition that individualizing service delivery facilitates the normalization process;

2) a commitment to diverse input in service plan development to consumer involvement and to the participation of an interdisciplinary team whose members represent the various facets of a person's life;

3) linkage between individualized plans and vendor contracts, wherever possible, and

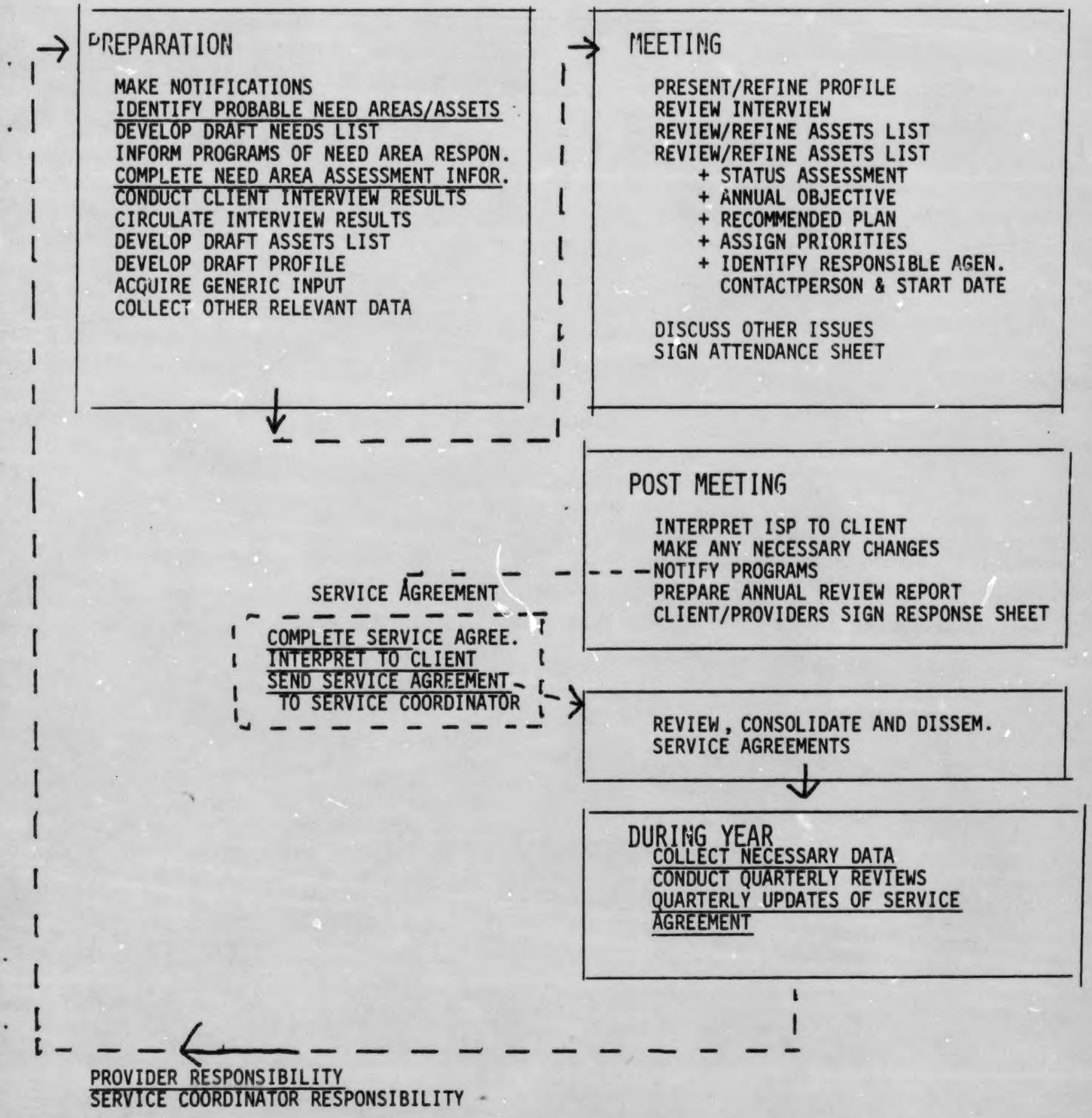
4) a level of complexity which, though not intentional, leads to the need for consumer training. (The process was developed for the producer rather than the consumer, of services.)

The training exercises which follow aim to give consumers an understanding of the service delivery system and the ISP process and, the, to impart the skills needed to participate assertively. While "client participation" appears on paper as a necessary component of the ISP process, to make it an actuality, both consumers and producers (the service coordinator and the providers) must be committed and trained. Otherwise, given the complex nature of the consumer's plan, where residential, day activities, vocational, specialist and generic service components in fact may each be supplied by a different service provider, the ISP process may result in decreasing the consumer's control of his/her life. That effect would be the opposite of what is intended by the new system.

There are several points at which the consumer's participation in the ISP process is practical. The attached chart (See Figure 1) was designed to help service providers coordinate the ISP development process. Since our interest here is primarily in the consumer, we highlight those tasks which involve consumer participation.

- Client Interview
- Development of Client Profile
- Development of Assets List
- Development of Needs Areas
- Report of Current Skill Status
- Selection of Objectives and Priorities
- Selection of Appropriate Interventions
- Approval of the Plan/Service Agreement
- Review and/or Submission of Progress Reports

ISP Process



PREPARATION
- MAKE NOTIFICATIONS
- IDENTIFY PROBABLE NEED AREAS/ASSETS
- DEVELOP DRAFT NEEDS LIST
- INFORM PROGRAMS OF NEED AREA RESPON.
- COMPLETE NEED AREA ASSESSMENT INFOR.
- CONDUCT CLIENT INTERVIEW RESULTS
- CIRCULATE INTERVIEW RESULTS
- DEVELOP DRAFT ASSETS LIST
- DEVELOP DRAFT PROFILE
- ACQUIRE GENERIC INPUT
- COLLECT OTHER RELEVANT DATA

MEETING
- PRESENT/REFINE PROFILE
- REVIEW INTERVIEW
- REVIEW/REFINE ASSETS LIST
- REVIEW/REFINE ASSETS LIST
  - + STATUS ASSESSMENT
  - + ANNUAL OBJECTIVE
  - + RECOMMENDED PLAN
  - + ASSIGN PRIORITIES
  - + IDENTIFY RESPONSIBLE AGEN. CONTACTPERSON & START DATE
- DISCUSS OTHER ISSUES
- SIGN ATTENDANCE SHEET

POST MEETING
- INTERPRET ISP TO CLIENT
- MAKE ANY NECESSARY CHANGES
- NOTIFY PROGRAMS
- PREPARE ANNUAL REVIEW REPORT
- CLIENT/PROVIDERS SIGN RESPONSE SHEET

SERVICE AGREEMENT
- COMPLETE SERVICE AGREE.
- INTERPRET TO CLIENT
- SEND SERVICE AGREEMENT TO SERVICE COORDINATOR

REVIEW, CONSOLIDATE AND DISSEM. SERVICE AGREEMENTS

DURING YEAR
- COLLECT NECESSARY DATA
- CONDUCT QUARTERLY REVIEWS
- QUARTERLY UPDATES OF SERVICE AGREEMENT

PROVIDER RESPONSIBILITY
SERVICE COORDINATOR RESPONSIBILITY

The ISP Process

	Consumer	Service Coordinator	Service Providers
Prepare ISP	Think about needs, strengths, assets Meet with service coordinator o Look over forms o Invite friends	Notify consumer and service providers Prepare needs, strengths, assets lists Develop lists. prepare profile	Help with consumers needs, strengths, assets. Get ready for meeting.
ISP MEETING	Tell group (team) about your reaction to the forms: profile, various lists. Have a friend help or add to your comments.	Conduct meeting. Review: Assets List Status assessment Annual Objective Assign Priorities Identify Agency Chair	Comment on plan and lists.
POST-ISP MEETING	Look over forms. Talk to a friend about them. Decide whether you are going to sign plan.	Interpret ISP to consumer Make necessary charges. Notify programs. Prepare and send service agreements.	Complete service agreement. Interpret to client Send service agreement to service coordinator.
DURING YEAR	Think about goals and needs. Talk to service coordinator and to friends about how the plan is working for you.	Update records. Talk to consumer. Conduct quarterly reviews.	Carry out duties in service agreement

The training designs for consumers in this unit form a total package by which consumers help one another get involved in the ISP process. The enclosed chart, "The ISP Process," is meant to provide consumers with a kind of road map within which they can place the activities involved in the ISP process. Since the latter is a bureaucratic process and therefore involves both complex activities and language, one of the key backdrop activities of those who deliver this training will be to remind consumers to ask about language which they do not understand and steps they do not understand. The ISP roadmap can serve as a ready reference to pinpoint where the consumer is at any given point in the process.

Pre-Unit Assignment

The facilitator of this unit on the ISP (Individualized Service Plan)process will give clients an assignment previous to the development of the unit. Clients should ask their service coordinator or case worker (or whoever the Department of Mental Health professional to whom they report or with whom they deal) to get them a copy of their individualized plan. The training facilitator can make this assignment some time before the actual start-up of training so that each person has a copy of his/her plan. (All persons are entitled by law to have copies of their individual plan.) In cases where an individual cannot obtain a copy of his or her plan. the facilitator can call the service coordinator or the sheltered workshop, explain the training, and obtain the copy.

This initial phase of the training is perhaps the most valuable to clients. Certainly, getting one's own ISP (or IPP) records and learning to read and understand them forms a vital link between the past and the future for the mentally retarded consumer of Department of Mental Health Services. The facilitator can move very slowly if necessary in reviewing these records with consumers, taking care that the immediate consumer and the small group understands what is in the records, takes cognizance of their reaction to the various elements of the records, and talks about them freely. To give some examples here, one consumer may react to the item on his/her needs list which reads, "improve personal hygiene." Members of the group may agree with his dissatisfaction or they may support the item, saying that the individual ought to keep a neater, cleaner beard. In another case, the client may disagree that she needs money management training, and the group may agree, saying that she handles her own money well.

ACTIVITY 1: READ YOUR PLAN

Objectives:
- Given the individualized plan, group members will know the elements of their current plan, either by reading it themselves or by having someone read it to them.
- Given the elements of their current individualized plan, group members will know how they feel about their plan.
- Given their feelings about their plans, group members will express these to the total group.

Group Size: 6-10 persons, fewer depending on the reading ability of the group members.

Time Required: One and a half hours

Materials: (1) Each individuals plan designed by the Department of Mental Health, we enclose a copy for use by the group.

(2) ISP Process charts which precede.

(3) Newsprint, Magic markers.

Physical Setting: A small room.

Process:

I. Each person (client) will take out his/her plan and the facilitator will review with the whole group the common elements*of the plans: team composition sheet, needs list, goal statements, strengths lists, training objective and training strategy sheets. This may take some time -- for each member to find and to see the purpose of the various sheets.

II. The facilitator then will ask the group to discuss the goal or objective of having such plans. It is hoped that the group will, at some point, talk about the value of an individual plan, one just for each person, which is designed to meet their individual needs.

III. The facilitator will draw out from the group members a list of ways in which they are like others in the group and ways in which they are different, pointing out that the plan is meant to provide for their differences. The list should be recorded on newsprint.

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*The forms and terms used here are those currently in use in Massachusetts. For use in other jurisdictions, facilitators should substitute the forms and terms in use there.

IV. The facilitator then will make certain that group members know how to read their plans and will ask them each to think of a word or phrase which describes their feelings about their plans and a reason for it. The facilitator then will ask each member of the group to share the feeling and the reason for it with other group members. Example: Bob Massi tells the group that he feels very happy about his plan because it talks about his new job assignment as janitor at the Town Hall, an assignment which he likes very much. Sally Jamerson says she feels angry about her plan because it assigns her to a group home in Chicopee and she has wanted to live in an apartment with her friend Joan for some time.

V. When the group has shared their feelings about the plans, the facilitator tells them that these workshops will help them to have a part in developing their plans and therefore, will give them an opportunity to shape the plans and hopefully to improve them.

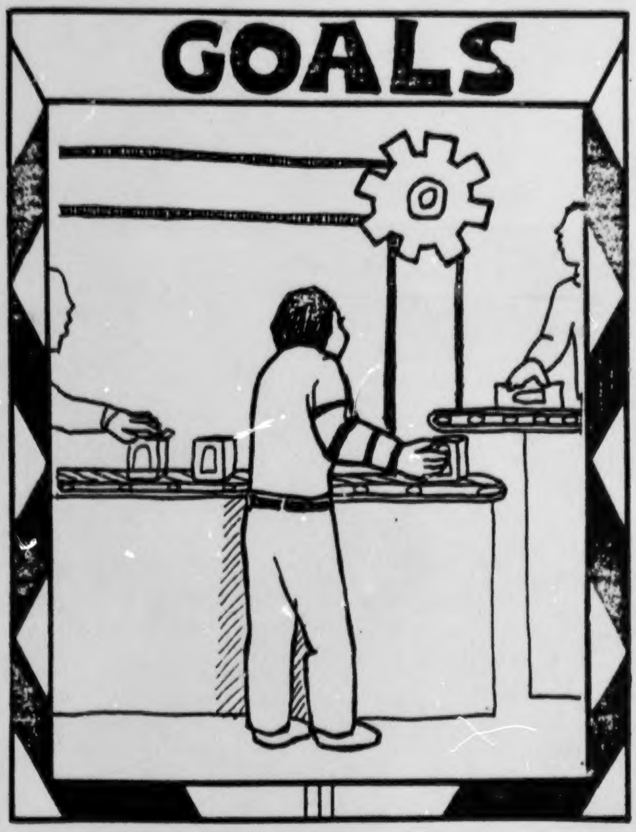
(In pilot testing this learning activity, we found that much of the time was used in reading aloud each person's plan and discussing what was in the plan and what was missing from the plan with the group. This activity was combined at a workshop with the activity which follows, "What's In The Cards," in which consumers utilize playing cards as a starting point for discussing their needs, fears and strenghts.)

Activity 2: WHAT'S IN THE CARDS?

Overview: One of the initial steps in the ISP process is to assess a persons's needs, strengths and goals. For a new client in the system, needs, strengths and goals are assessed by means of a battery of tests and interviews. If the person is considered eligible for his/her state's services for persons with mental retardation, then he/she is assigned a Service Coordinator who guides the ISP process with and for them. In this activity, the consumer is trained to think about personal goals, strengths and needs, then to express them at the appropriate persons.

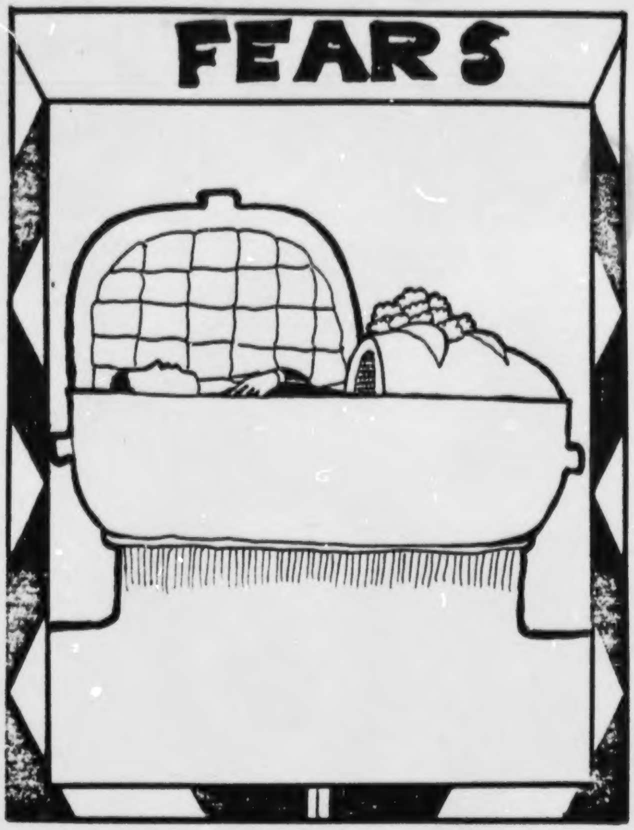
Objectives: Given a set of cards which present symbolic images of personal needs, fears and strengths, consumers will place each set in order, describe why he/she has done so, and tell the group which cards are "missing" (i.e. what personal needs, strengths and fears are not present in the cards.)

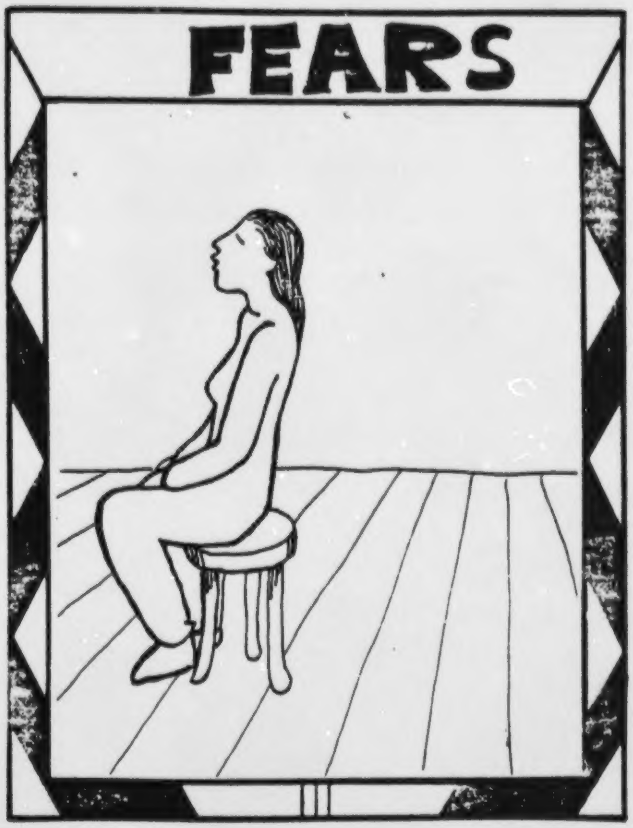
GOALS


GOALS

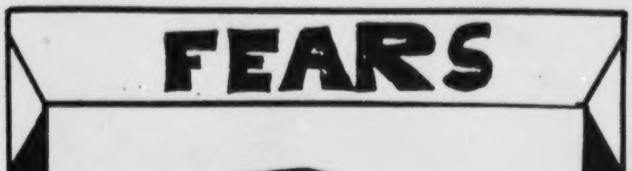
GOALS

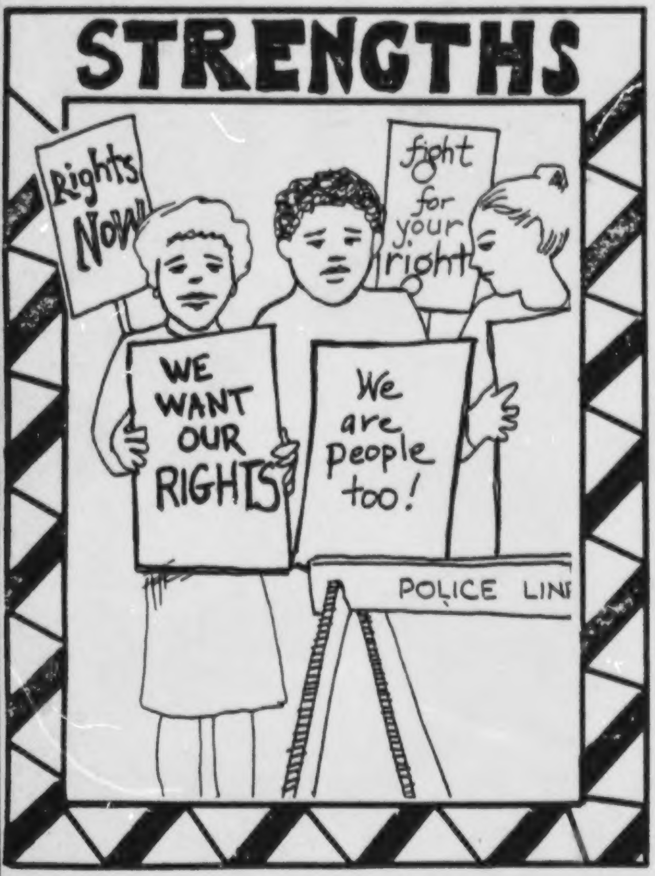
GOALS


FEARS


FEARS

FEARS


FEARS


STRENGTHS
Rights Now!
fight for your rights
WE WANT OUR RIGHTS
We are people too!
POLICE LIN

STRENGTHS

STRENGTHS
Friendlys
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STRENGTHS

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GOALS

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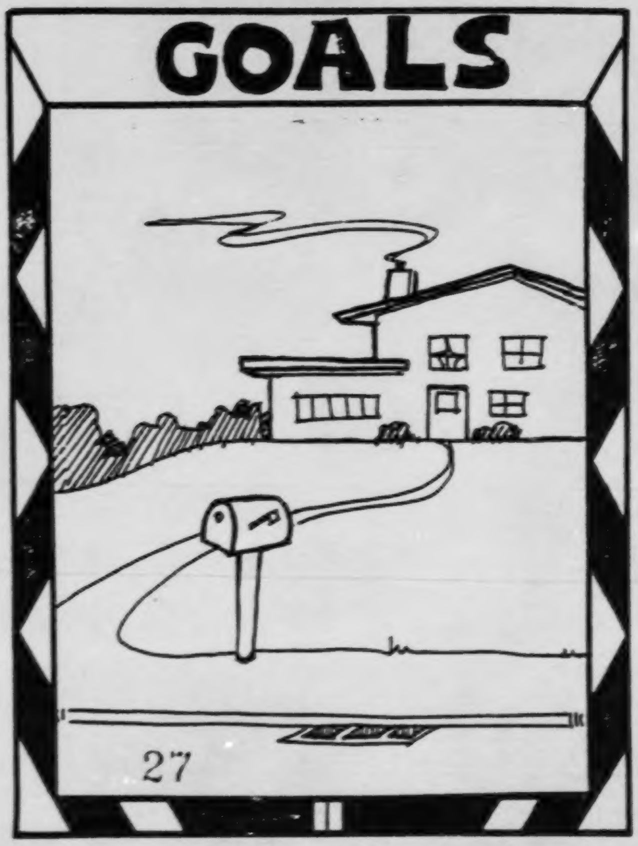
GOALS


GOALS

FEARS

FEARS

FEARS

FEARS
?

Group Size: 4-5 persons

Time Required: One hour and a half

Materials: Sets of playing cards: needs, strengths, wants which can be duplicated from the sheets which follow.

Process:

I. The facilitator will give each consumer a set of "strengths" cards. Explaining that each one represents "something you are good at doing." The facilitator will ask consumers to put these in order for themselves, placing the card which represents what the person is "best at" on top of the pile. When everyone has done this, the facilitator will ask each group member in turn to state what order they have placed the cards in and why they have so ordered their cards. It is useful as a learning experience to have each individual explain at the same time what the card means to them.

II. The process is repeated with the "Needs" cards.

III. The process is repeated with the "Goals" cards. In the case of the goals cards, and possibly of the other two sets of cards, consumers should have an opportunity to state what is missing from the cards, what cards are not there which represent their personal needs, wants and/or strengths.

IV. As work with the cards proceeds, it may happen that a consumer mentions a personal need, not adequately dealth with in his/her ISP, about which he/she is hesitant to talk to the Service Coordinator. This is a good opportunity for breaking into a role play, the facilitator appointing one group member to be the Service Coordinator, the "person with the problem" to be him/herself trying to express the missing need.

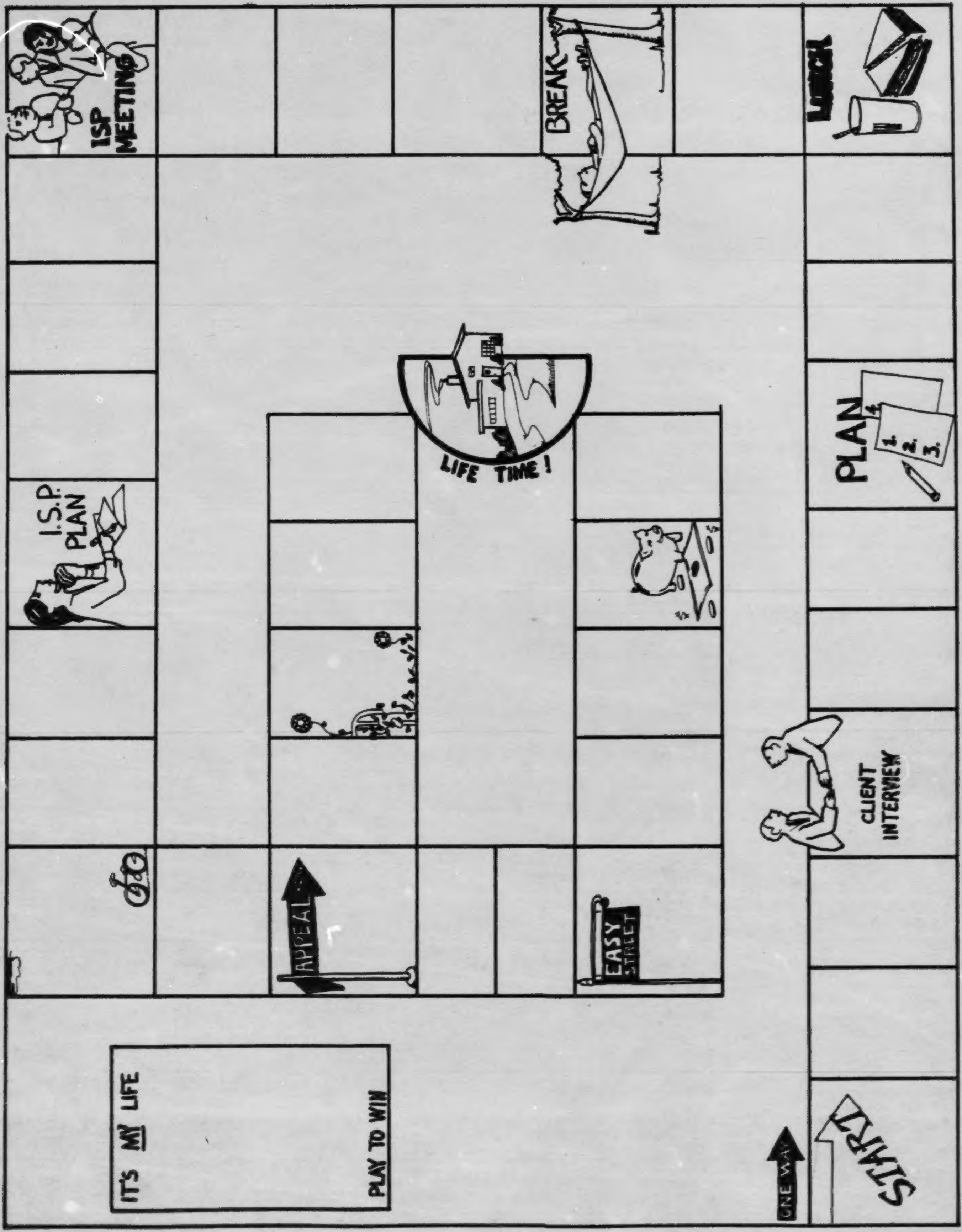
ACTIVITY 3: "IT'S YOUR LIFE. . . . PLAY TO WIN"

Objective: Given a road map of the ISP process designed with the consumer in mind, clients will understand the steps in the process.

Group Size: 6-10 persons

Time Required: One hour

Materials:
- Giant poster, "It's My Life, Play to Win" or drawing of same on the blackboard.
- Newsprint and magic markers
- Marker


START
ONE WAY
CLIENT INTERVIEW
PLAN
1.
2.
3.
4.
LUNCH
BREAK
ISP MEETING
I.S.P. PLAN
IT'S MY LIFE
PLAY TO WIN
APPEAL
EASY STREET
LIFE TIME !

Process:

I. The Facilitator, using same, "It's Your Life, Plan to Win", explains the ISP process from the consumer perspective, pointing out each of the landmarks and explaining it.

II. The facilitator goes through each stage of the ISP process with group members, talking about the consumer role. In the Background Information Sheet enclosed, please find a description of each step.

III. Then the facilitator can introduce the game. Players draw the cards in turn, after they are shuffled. Facilitator helps the players to read the cards and explains the process if the players need help. BEFORE THE GROUP PLAYS THIS GAME, the facilitator should read Appendices A-G which spell out the ISP process and he/she should study the chart which outlines the process. Each person, in turn, draws a card. Each follows the the directions on the card. If they land on the Client Interview, Time to Plan, ISP meeting or Draft Plan block, they may draw another card after doing the required activity. The winner is the first person to reach "Life Time." If this occurs too early in the game, the facilitator may discuss with the group whether or not they would like to play another game. If no one reaches "Life Time" and time is up, participants can vote for the person who performed the activities the best. The person who receives the most votes will then become the winner.

IV. The facilitator, in closing, will ask the group to talk about where they have taken part successfully in the ISP process to date and where they require training in order more fully to participate.

Cards in deck (The facilitator should type or letter each of these on two cards.)

Go all the way back to START. Think about the whole trip.

Go to Lunch Time. Think about your favorite lunch place and time.

Take a Break. Tell the Group what you plan to do in order to relax.

Go to ISP meeting. Tell the team what you think about your current ISP.

Go to Client Interview. Tell your Service Coordinator how you like your job, what you really want to do.

Go to Client Interview. Tell your Service Coordinator how you like your job, what new things you need to learn.

Go to Client Interview. Tell your Service Coordinator about what you need, what new things you need to learn.

Go to Client Interview. Practice telling your Service Coordinator what you're good at.

Forward 3 blocks.

Back 3 blocks.

Forward 2 blocks.

Back 2 blocks.

Back 2 blocks.

Forward 1 block.

Forward 3 blocks.

Forward 3 blocks.

Forward 3 blocks.

Take APPEALS ROAD. Tell the group what you plan to do to to appeal your ISP. Practice calling your Service Coordinator on the telephone, and telling him/her that you are going to appeal your ISP.

ACTIVITY 4: TALKING UP

Objectives: Given an individual interview or team meeting for ISP planning, consumers will voice their goals, needs, strengths.

Group Size: 4-5 persons

Time Required: One hour.

Materials: Copy of ISP Used in Activity 1.
Four activity posters.

Physical Setting: A small room.

Process:

I. The facilitator asks group members to think about their plan and to think about one feeling which they have which is connected with the plan.

II. Each person expresses that feeling to the whole group and gives a reason for it. The facilitator, once this is complete, asks the group members to pretend that the facilitator is the service coordinator and that they are talking with their service coordinator in the initial client interview. The facilitator should find that on the map, pointing out that it is the meeting at which they talk to the service coordinator about their goals, their strengths and their needs.

III. Each person, in turn, role plays themselves first at the client interview, then at the ISP meeting, expressing what they want in terms of:
living arrangements
work place/career aspirations
recreational activities
education

IV. As a guide for what people say, the facilitator places the four activity posters in a place visible to each person who is speaking: Reduced copies of these posters follow here.

Home

Work

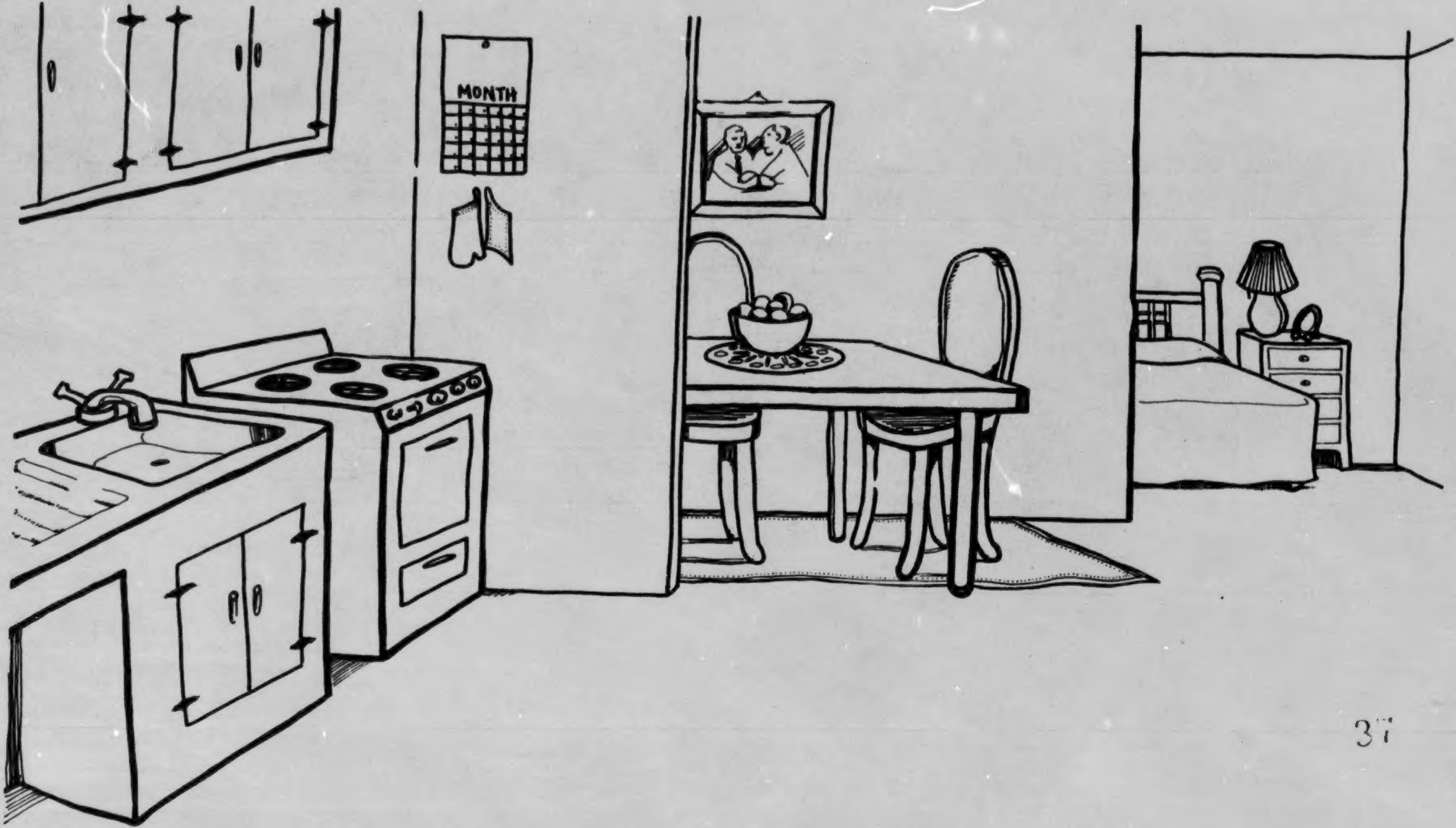
Relaxing

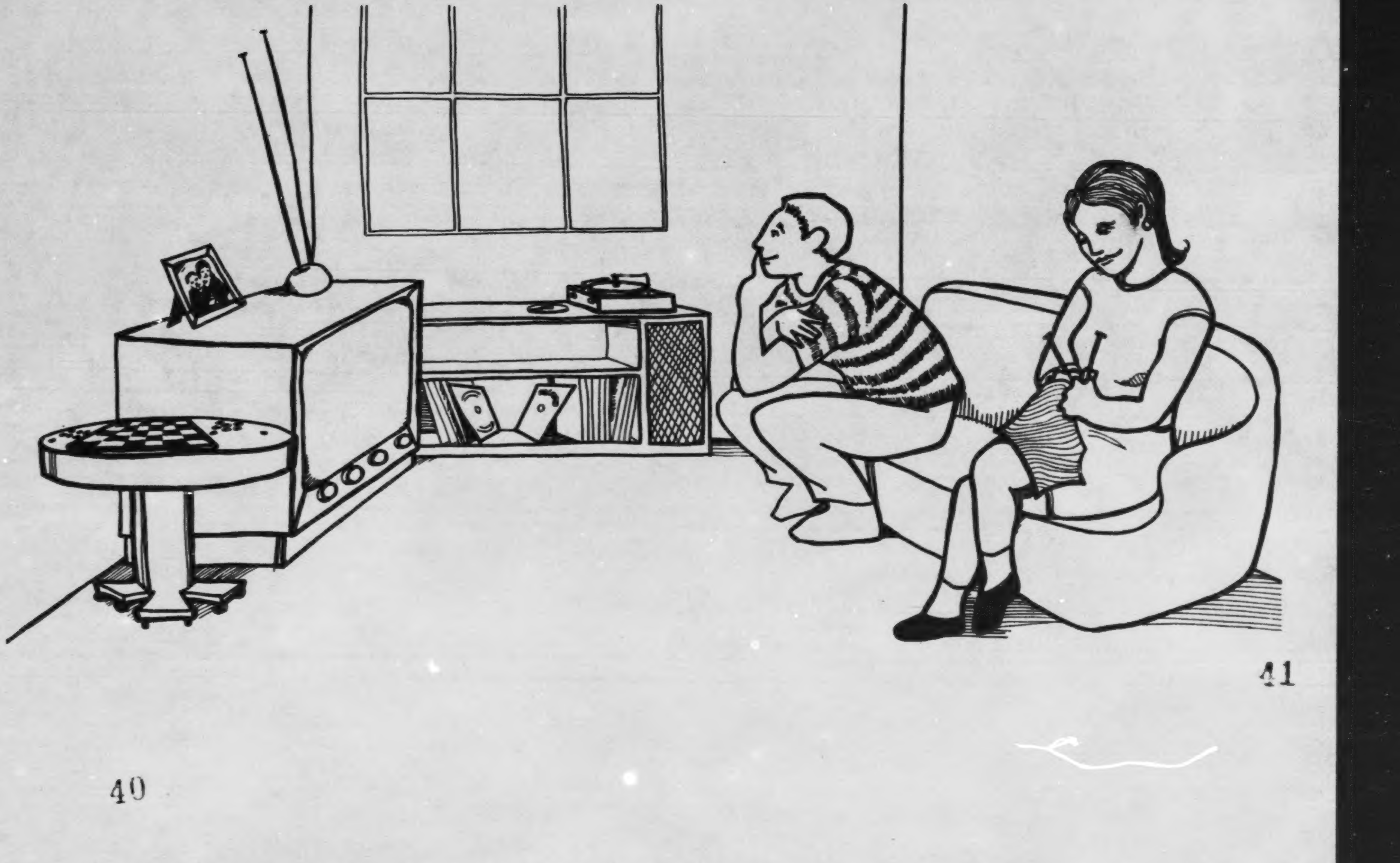
Education

Group members are guided to think about each in turn and say something about each area of their life.

The formal "talking up" activity which precedes represents one way of assisting people with developmental disabilities to talk about their individual plan. Here we mention a few others, to be used at the facilitator's discretion:

- Ask the group to relate what they know about the ISP process, or the IPP process which, in some states, preceded it. Have people describe what it means in general, what it means to them, how they feel about it.
- Ask the group if they have ever talked to another person like themselves about the ISP or IPP. Have they heard others talking about it?


MONTH



41

40

- Pretend that you, the facilitator, are a person from Mass. You ask the group, "Explain what an ISP is. . . I'm new here."

In the context of these activities, several important points might arise which will require clarification. Some people seem to think that the ISP means "no more sheltered workshop" or "getting out from under the thumb of the Department of Mental Health." The notion of a continuum of gradually more independent living needs to be emphasized and of getting one's proper share of services.

ACTIVITY 5: FORMS, FORMS, FORMS

Overview: From the producer standpoint, much of the individualized service plan process is a new form of record keeping. While consumers see the process differently, it is important for them to know about the records in order to understand the system and use it to their own advantage.

Objective: Given six (6) forms used in the ISP process, group member knows the purpose of each and how to use each.

Group Size: One-to-one or small (4-6) group

Time Required: One and a half hours.

Materials: Copies of forms for each member.

(1) Report Form
(2) Client Assets List
(3) Major Need Areas
(4) Interim Need Areas
(5) Attendance and Interpretation Sheet
(6) Response Sheet
(7) Quarterly/Service Agreement: Response Sheet

or copies of whatever forms are used in your part of the country to keep records on client progress and/or ISP's.

NEED AREA
ANNUAL REVIEW

NEED LTR#

REASON FOR REPORT
CLIENT PROFILE

OR

CONTINUATION OF: (title of form)

REPORT

Rex Sample is a twenty-two year old young man who lives in the East Street residence and is employed at the PROUD Workshop. Prior to moving to his current living situation three months ago, Rex resided at the Fernham Regional Center for sixteen years. During the past several years, Rex's program at Fernham concentrated on community readiness skills. His residential program focused on ADL and leisuretime skills. Rex's performance in the Fernham workshop was not consistent; however, at times he was able to maintain competitive work rates for significant periods.

Rex's program at East Street currently concentrates on meal preparation and other domestic skills. Community integration is another high priority activity. Although Rex has established excellent relations with the East Street staff, he has not demonstrated any interest in establishing any close relationships with his East Street peers.

In the past, Rex experienced only extremely limited educational activities. Part of his program at PROUD involves working on expanding his expressive language. He is also learning how to use money to purchase items. Additional educational activities include community reading skills, simple addition and measurement. His performance in work-related activities continues in the same pattern as he displayed at Fernham. He is currently learning to use various small tools. This ability will allow him to work on certain tasks he has expressed an interest in.

Rex's parents have had only limited interaction with Rex during the past few years; however, they are supportive of his efforts to become more independent. They would like Rex to move closer to them. They also would like William, Rex's brother, to become his guardian. William visits Rex about three times a month.

Although generally cooperative with staff, Rex sometimes has difficulty working with new staff. He does not enjoy participating in activities with his peers; preferring individual activities, such as watching television and movies. Rex has expressed an interest in learning to swim.

Rex's health is generally good despite a history of seizures. His seizures have been controlled by medication for the past three years. A recent attempt to reduce medication proved unsuccessful. Rex has not displayed any side effects from his medication.

Rex will probably be ready to move to a cooperative apartment within the next eighteen months. Any movement to a more competetive work situation will depend on whether it is possible to stabilize his performance.

DATE 12 Nov 79	SIGNATURE Marilyn Monitor Marilyn Monitor	POSITION AND AGENCY Service Coordinator DMH
CLIENT NAME Rex Sample	COMMONWEALTH OF MASSACHUSETTS	AREA CAPE MAY
RECORD LOCATION Area Office CCRS D-2	REPORT FORM	

NEED AREA ANNUAL REVIEW	NEED LTR#
REASON FOR REPORT CLIENT INTERVIEW AND PREFERENCE REPORT	OR CONTINUATION OF: (title of form)

REPORT

Rex and I met at the East Street residence on November 8th. Rex's brother, William, was also present.

With regard to his living situation Rex indicated that he was happy living at East Street. He would like to have his own room as soon as it is possible. He enjoys the staff and feels they are interested in his welfare. He does not like to join in group activities and he feels that there is often pressure on him to do so.

Rex does not like going to PROUD Workshop as much as he liked the workshop at Fernham. He does not find the work interesting and the staff have no time for him. They say he steals items from other clients. He does like the education program he participates in at PROUD.

For leisuretime Rex enjoys staying at East Street and watching TV. He also likes to play cards with the staff. He does not like to participate in group activities. Rex would like to attend church each Sunday (currently his brother takes him once a month). Rex has also expressed some interest in learning to swim.

Rex's brother, William, added that he thought it was critical to have Rex learn to travel about the community independently. He also thought Rex's speech program should be given a high priority. Rex agreed with these suggestions.

DATE 9 Nov 79	SIGNATURE Marilyn Monitor Marilyn Monitor	POSITION AND AGENCY Service Coordinator DMH
CLIENT NAME Rex Sample	COMMONWEALTH OF MASSACHUSETTS	AREA CAPE MAY
RECORD LOCATION Area Office CCRS D-2	REPORT FORM	

PERSONAL STRENGTHS AND SOCIAL RESOURCES	IDENTIFIER	DATE ENTERED	DATE REMOVED	IMPLICATIONS	UPDATES
Capable of self preservation	K. Rogers East Street	11/7/80		Can reside in a dwelling above the first floor.	
Cooperative with staff	PROUD	11/7/80		Seeks attention from staff for appropriate behavior.	
Enjoys painting	East Street	11/7/80		Provides a good leisure time activity that can be used as a reward.	
Brother has a strong interest in Robin's well being	TEAM	11/7/80		Provides support for Robin.	
Has gestures to express needs and desires	TEAM	11/7/80		Good basis for the development of a standard sign system.	
Receives SSI	TEAM	11/7/80		Has spending money.	
Can independently travel by bus	East Street	11/7/80		Can independently travel to work and social activities.	
Can do simple addition	PROUD	11/7/80		Helpful with both work and independent living activities.	

CLIENT NAME
Robin Welch

RECORD LOCATION
Area Office

CCRS A-2

COMMONWEALTH OF MASSACHUSETTS

AREA
CARLISLE

CLIENT ASSETS LIST

LTR	INT. NEED #	NEED AREA	IDENTIFIER/POSITION		GOAL	RESOLUTION	
			AGENCY	DATE		DATE RESOLVED	RECURRED (✓)
A		Preventive Services and Routine Evaluations	T. John MD Bay Clin	4/5/80	Conduct regular evaluations and maintain health		
B		ADL Skills (refinement)	East Street	4/5/80	Independently perform all self-care skills		
C		Cooking	East Street	4/5/80	Prepare meals for self independently		
D		Academic Skills	B. Bell D.C. CCM	4/5/80	Read at a third grade level. Add and subtract		
E		Family Relations	John Cook	4/5/80	Normalize to age appropriate level		
F		Community Mobility	Team	4/5/80	Travel about the community independ.		
G		Leisure Time	Team	4/5/80	Experience various new leisure time/ recreation activ.		
H		Self Actualization	B. Bell D.C. CCM	4/5/80	Express needs/wants. Eliminate shyness		
I		Vocational Skills	CCM	4/5/80	Competitive work		
J		Money Management	CCM	4/5/80	Independent control of finances		
K		Peer Relations	Team	4/5/80	Engage in social activities with peers.		

CLIENT NAME
Susan Keeper

RECORD LOCATION
Area Office

CCRS A3

COMMONWEALTH OF MASSACHUSETTS

AREA
Eastern

46

MAJOR NEED AREAS

#	NEED AREA	IDENTIFIER/POSITION		GOAL	RESOLUTION	
		AGENCY	DATE		DATE RESOLVED	RECURRED (✓)
1	Legal Status	R. Welch, S.W. Area Office	10/1/80	Adjudicate by May 1981		
2	Diabetes	P.Jay, M.D. Bay Clinic	10/1/80	Test		
3	Swearing	B. Wilson, D.C. East Street	10/1/80	Eliminate		
4	Loss of Parent	B. Wilson, D.C. East Street	10/1/80	Adjust to loss		

CLIENT NAME
Rose Cline
RECORD LOCATION
Area Office

CCRS A-4

COMMONWEALTH OF MASSACHUSETTS

AREA
Medford/Malden

INTERIM NEED AREAS

47

WHITE—AREA OFFICE RECORD
YELLOW—RESIDENCE RECORD
PINK—TRAIN & EMPLOY. RECORD
GOLD—CLIENT COPY

James Ross

ANNUAL REVIEW REPORT

page 1 of 7

November 8,1980

Review of Need Areas

A PREVENTIVE SERVICES

Bay Clinic/ Kline,MD: See attached medical examination

Annual Objective

Maintain current health and conduct regular evaluations.(1 Priority)

Recommended Plan

Continue current activities (see attached medical examination)

Responsible Agencies and Contact Persons

Bay Clinic- William Kline, MD
East Street - Jay Somers

Start Date

December 8,1980 or start of 1st quarter's service agreement

B SEIZURES (Epilepsy)

Bay Clinic/ Kline, MD: See attached medical examination

East Street/Sue Smith: The frequency of seizures has been stable at .5 per week for the past three months. James is currently receiving 150 mg. Dilantin daily. An attempt to reduce medication last year proved unsuccessful (3.0 seizures per week during the trial period). James displays no apparent side effects from his medication.

Annual Objective

Maintain a seizure rate of less than .5 per week. (1 Priority)

Recommended Plan

Maintain current dosage and monitor. Review possible dosage reduction in six months.

Responsible Agencies and Contact Persons

Bay Clinic - William Kline, MD
East Street - Jay Somers

Start Date

December 8,1980 or start of 1st quarter's service agreement

C SELF CONTROL

East Street/Sue Smith: James has not been observed twirling in the last two months. His thumbsucking occurs about five times a week; usually at times between scheduled activities. Currently, he is asked to stop when observed.

PROUD/Jong Voeltz: Self stimulation behaviors observed in the workshop include thumbsucking and twirling. During the past two weeks of observation a baseline of 6 thumbsucking episodes and two twirling episodes daily was recorded. These behaviors are most likely to occur between 9-10 am and 3-4 pm. Currently, James is asked to stop.

Annual Objectives

a. Eliminate thumbsucking in all environments. (High Priority)
b. Eliminate twirling at PROUD. (Medium Priority)

Recommended Plan

Implement in-place time-out procedure. Collect frequency data and evaluate monthly

Responsible Agencies

Objective a. East Street - Jay Somers / PROUD - Jong Voeltz
Objective b. PROUD - Jong Voeltz

ATTENDANCE

Indicate your approval of the total ISP/Annual Review or disapproval of any of its elements. If you disapprove of any element please detail the specifics (need area, objective, etc.) in the corresponding "Comments" section.

DATE OF REVIEW May 1,1980

INDIVIDUAL INVITED SIGNATURE	POSITION/RELATIONSHIP AGENCY	APPROVE	DISAPPROVE	COMMENTS
Ken Rogers	CLIENT[illegible]			
Ken Rogers				
William Jones	Director	X		
William Jones	East Street			
Winslow Homer	Voc. Instruct.	X		
Winslow Homer	PROUD			
Samuel Rogers	Brother	X		
Samuel Rogers				
Marilyn Monitor	Service Coord.	X		
Mariyln Monitor	Area Office			

INTERPRETATION	INTERPRETED TO	INTERPRETED BY	DATE OF INTEPRETATION
	Ken Rogers/Samuel Rogers	Marilyn Monitor, Ser. Coord.	May 2, 1980

MEANS OF COMMUNICATION AND WHAT WAS COMMUNICATED

Oral Communication

The major services for the next year were identified and explained. Each need area, annual objective and plan was described in detail. Changes from last year's program were discussed. In addition, Ken was explained his rights regarding acceptance/ rejection of the proposed plan.

CLIENT'S/GUARDIAN'S COMMENTS

Ken had no questions. His brother asked that he be sent a copy of the results of the scheduled hearing examination. Ken indicated that he wished this to happen.

SIGNATURE *Ken Rogers* DATE *May 2,1980*

SERVICE COORDINATOR'S RESPONSE TO COMMENTS

Will arrange for a copy of the hearing examination results to be sent to Samuel Rogers.

CLIENT
Ken Rogers

RECORD LOCATION
Area Office

CCRS 8-1

COMMONWEALTH OF MASSACHUSETTS

ATTENDANCE AND INTERPRETATION SHEET

AREA
Northwest

WHITE—AREA OFFICE RECORD
YELLOW—RESIDENCE RECORD
PINK—TRAINING & EMPLOYMENT RECORD
GOLD—CLIENT

ISP/ANNUAL REVIEW COVERING THE PERIOD Mar 8,1980 **TO** Mar 8,1981

THIS RESPONSE SHEET IS DESIGNED TO DOCUMENT APPROVAL/DISAPPROVAL OF THE PROPOSED ISP/ANNUAL REVIEW. THE REASONS FOR ANY REJECTION OF A PROPOSED ELEMENT SHOULD BE DOCUMENTED BELOW IN THE COMMENTS SECTION OR ON AN REPORT FORM.

On the basis of information currently available East Street (prog./agency) accepts ☒ does not accept ☐ responsibility for addressing the annual objectives and for implementing the recommended plans, that have been designated our responsibility in the attached ISP/Annual Review.

Signature Susan B. Catts Pos. Director Date Feb 8,1980

On the basis of information currently available PROUD (prog./agency) accepts ☒ does not accept ☐ responsibility for addressing the annual objectives and for implementing the recommended plans, that have been designated our responsibility in the attached ISP/Annual Review.

Signature S. David Dogger Pos. Asst. Direct. Date Feb 8,1980

On the basis of information currently available ____________ (prog./agency) accepts ☐ does not accept ☐ responsibility for addressing the annual objectives and for implementing the recommended plans, that have been designated our responsibility in the attached ISP/Annual Review.

Signature ____________ Pos. ____________ Date ____________

On the basis of information currently available, this Area Office accepts ☒ does not accept ☐ responsibility for endeavoring to provide, purchase or arrange for needed services, as contained in the attached ISP/Annual Review, which may not be currently available. The responsibility to provide, purchase or arrange such services is subject to the availability of resources.

I have reviewed the attached ISP/Annual Review and approve ☒ disapprove ☐ its implementation.

Signature William H. Bookers Pos. Area Director Date Feb 10,1980

On the basis of information currently available I

A. ☒ accept the annual objectives identified in the attached ISP/ Annual Review.
☐ do not accept

B. ☒ accept the types of services recommended in the attached ISP/ Annual Review.
☐ do not accept

Signature Sally Hook client/XXXXXXXXXXXXXXXXXX

Date Feb 10,1980

COMMENTS

CLIENT NAME
Sally Hook

RECORD LOCATION
Area Office

CCRS B-2

COMMONWEALTH OF MASSACHUSETTS

ISP/ANNUAL REVIEW
RESPONSE SHEET

AREA
East Central

WHITE—AREA OFFICE RECORD
YELLOW—RESIDENCE RECORD
PINK—TRAINING AND EMPLOYMENT RECORD
GOLD—CLIENT

NEED LTR/#	NEED AREA	ANNUAL OBJ. LTR	ANNUAL OBJECTIVE
D	HYGIENE	a.	Wash hands upon verbal request (point score of at least 70).

OBJ #	QUARTERLY OBJECTIVE
1	Wash hands upon verbal request (point score of at least 30).

	STAFF POSITION	HRS. PER WK	RATIO
1	Direct C.	3	1:1
2	Asst. Ma.	.5	1:1
3			
4			

OBJECTIVE MANAGER / POSITION: J. Bell, DC

START DATE	TARGET DATE	DATE MET
Dec 1	Mar 1	

INTERVENTION (Check if cont. on back) ☑

Teaching program with task analysis using forward chaining procedure. Points allocated on the level of assistance required to complete each step.

1. goes to sink
2. rolls up sleeves
3. turns on water
4. wets hands
5. picks up soap
6. lathers hands
7. replaces soap
8. lathers hands (front and back)
9. rinses hands
10. picks up towel
11. dries hands (front and back)
12. replaces towel
13. turns off water
14. rolls down sleeves

Points are allocated by:

5..... initial request
4..... step request
3..... demonstration
2..... part. physical assist.
1..... total physical assist.

Maximum points: 70
Reward procedure: Tokens

	STAFF POSITION	HRS. PER WK	RATIO
1			
2			
3			
4			

OBJECTIVE MANAGER / POSITION:

START DATE	TARGET DATE	DATE MET

	STAFF POSITION	HRS. PER WK	RATIO
1			
2			
3			
4			

OBJECTIVE MANAGER / POSITION:

START DATE	TARGET DATE	DATE MET

	STAFF POSITION	HRS. PER WK	RATIO
1			
2			
3			
4			

OBJECTIVE MANAGER / POSITION:

START DATE	TARGET DATE	DATE MET

CLIENT NAME
Sharon Roberts

RECORD LOCATION
East Street

COMMONWEALTH OF MASSACHUSETTS

AREA
Northwest

QUARTERLY 51
SERVICE AGREEMENT:
OBJECTIVE MANAGEMENT SHEET

NEED LTR/#	NEED AREA	ANNUAL OBJECTIVE	PRIORITY	RESPONSIBLE AGENCY(IES)
L	COMMUNITY LIVING SKILLS	a. purchase a meal at a local fast food rest. without staff assistance	Med.	East Street

1. STATUS/COMMENTS/SUGGESTIONS

Jane has been learning various prerequisite skills related to ordering a meal at the local McDonald's. Her money skills have been refined and she has been practicing standing in line. Progress has been rapid and Jane will soon be going to McDonald's to practice her newly acquired skills.

DATE Mar 8,1980

2. STATUS/COMMENTS/SUGGESTIONS

DATE

3. STATUS/COMMENTS/SUGGESTIONS

DATE

4. STATUS/COMMENTS/SUGGESTIONS

ANNUAL OBJECTIVE MET ☐ NOT MET ☐ DATE

NEED LTR/#	NEED AREA	ANNUAL OBJECTIVE	PRIORITY	RESPONSIBLE AGENCY(IES)
L	COMMUNITY LIVING SKILLS	b. explain function of police/fire depart. and when to call for them.	Med.	East Street

1. STATUS/COMMENTS/SUGGESTIONS

Jane has visited both the police and fire stations. She is currently learning about their functions. Jane is progressing at the rate that was expected.

DATE Mar 8,1980

2. STATUS/COMMENTS/SUGGESTIONS

DATE

3. STATUS/COMMENTS/SUGGESTIONS

DATE

4. STATUS/COMMENTS/SUGGESTIONS

ANNUAL OBJECTIVE MET ☐ NOT MET ☐ DATE

FOR THE ISP/ANNUAL REVIEW COVERING THE PERIOD Dec 1, 1979 TO Dec 1, 1980

SERVICE COORDINATOR Marilyn Monitor

CLIENT NAME Jane Jackson

RECORD LOCATION Area Office

CCRS B-3

COMMONWEALTH OF MASSACHUSETTS

SERVICE COORDINATOR'S QUARTERLY REPORT: STATUS OF ANNUAL OBJECTIVES

AREA Cape Roberts

APPROVAL OF SERVICE AGREEMENTS BETWEEN Wilson West (Client) AND East Street (Program)

RELATING TO THE ISP/ANNUAL REVIEW FOR THE PERIOD Dec 1, 1980 TO Dec 1, 1981

1st QUARTER'S SERVICE AGREEMENT

On the basis of information currently available East Street (prog./agency) accepts ☒ does not accept ☐ responsibility for addressing the quarterly objectives and for providing or arranging the services identified in the attached Service Agreement for the period Dec 1, 1980 to Mar 1, 1981

Signature William B. Jones Pos. Director Date Nov 28, 1980

On the basis of the information currently available, I accept ☒, do not accept ☐ the specific quarterly objectives and services to be provided, as contained in the attached Service Agreement for the period Dec 1, 1980 to Mar 1, 1981

Signature Wilson West client/~~guardian/representative~~

Date Nov 28, 1980

2nd QUARTER'S SERVICE AGREEMENT

On the basis of information currently available ______ (prog./agency) accepts ☐ does not accept ☐ responsibility for addressing the quarterly objectives and for providing or arranging the services identified in the attached Service Agreement for the period ______ to ______.

Signature ______ Pos. ______ Date ______

On the basis of the information currently available, I accept ☐, do not accept ☐ the specific quarterly objectives and services to be provided, as contained in the attached Service Agreement for the period ______ to ______.

Signature ______ client/guardian/representative

Date ______

3rd QUARTER'S SERVICE AGREEMENT

On the basis of information currently available ______ (prog./agency) accepts ☐ does not accept ☐ responsibility for addressing the quarterly objectives and for providing or arranging the services identified in the attached Service Agreement for the period ______ to ______

Signature ______ Pos. ______ Date ______

On the basis of the information currently available, I accept ☐, do not accept ☐ the specific quarterly objectives and services to be provided, as contained in the attached Service Agreement for the period ______ to ______

Signature ______ client/guardian/representative

Date ______

4th QUARTER'S SERVICE AGREEMENT

On the basis of information currently available ______ (prog./agency) accepts ☐ does not accept ☐ responsibility for addressing the quarterly objectives and for providing or arranging the services identified in the attached Service Agreement for the period ______ to ______

Signature ______ Pos. ______ Date ______

On the basis of the information currently available, I accept ☐, do not accept ☐ the specific quarterly objectives and services to be provided, as contained in the attached Service Agreement for the period ______ to ______

Signature ______ client/guardian/representative

Date ______

CLIENT NAME
Wilson West
RECORD LOCATION
East Street

CCRS C3

COMMONWEALTH OF MASSACHUSETTS

SERVICE AGREEMENT: RESPONSE SHEET

AREA
Southeastern

WHITE—AREA OFFICE RECORD
YELLOW—RESIDENCE RECORD
PINK—TRAINING & EMPLOYMENT RECORD
GOLD—CLIENT COPY

Process:

I. The facilitator gives each group member a copy of each form and explains that they are all part of the individualized plan. Pointing to the roadmap, "Follow the ISP road," the facilitator points out where, on the roadway, each is used. (The report form which contains the client profile is prepared after the client interview; the needs list before the interview, then modified after it; the major need areas and client assets list are prepared before the ISP meeting; the response sheet and quarterly service agreement response sheet are forms which actually put the process of coordinated services in motion.)

II. A series of review exercises can be done with the group until each member knows where on the roadmap the form is used. Consumers should be able to take the form, name it and show where it fits into the process.

III. The facilitator then explains that the next important activity is for people to know what the form's purpose is and how they can change it.

The Report Form

ACTIVITY 6: YOUR ISP MEETING

Objective: Given a chart, consumers will know the parts of the ISP meeting, will know when to speak up on their own behalf or when to get others to speak up for them.

Group Size: 6-10 persons

Time Required: An hour and a half.

Materials: Meeting Chart.

Process:

I. The facilitator, using the pictorial chart, will first outline the process which takes place at the ISP meeting. At each stage, the facilitator will draw out from the group the appropriate consumer response, following a uniform set of small questions:

= What does my form say?
= How do I feel about it?
= What should I say about it?

The facilitator should say something like this:

II. "These are the steps which the service coordinator will follow in running your ISP meeting. At each step you should be asking yourself how you feel about the way the form which is referred to is being used, and what you intend to say in response to this part of the meeting. The parts might not come in exact order, so you should be thinking carefully at all times about what part is being considered. If you get lost at the meeting, you should ask the service coordinator to clarify what is taking place."

ISP MEETING

1 PRESENT/REFINE PROFILE

The Service Coordinator reads the "Client Profile," the one or so page description of you. After it has been read, you are encouraged to react to it, that is, to point out what is good and bad about the PROFILE.

2 REVIEW INTERVIEW

The Service Coordinator talks about the interview with the consumer. If there is any part of the interview that the consumer does not agree happened as stated, the consumer should say so.

3 REVIEW/REFINE ASSETS LIST

The Service Coordinator will review the consumer's strengths list. Consumer should think about whether he or she agrees with the strengths listed, decide on whether any strengths are missing or badly stated.

4 REVIEW/REFINE NEEDS LIST

The Service Coordinator will read the list of needs which has been put together. The consumer should listen, add any needs which are not stated and be particularly sensitive to the ORDER in which needs are placed on the "Prioritized Needs List."

This is a particularly sensitive and important part of the ISP meeting. Services (like training, education, transitional job programs, place to live with accompanying residential services) are all linked to Prioritized Needs List. It is here that the consumer ought to focus attention, questioning the way needs are ordered and questioning the link between stated needs and services.

5 DISCUSS OTHER ISSUES

This is the place for the consumer to raise any new issues, unconnected to other matters. It is a good place for the consumer to speak up for his/her own interests.

6 SIGN ATTENDANCE SHEET

The Attendance Sheet. There are many problems

One of them is that it combines attendance at the meeting (for team members) with approval of the plan. The client has a right to communicate disapproval of the plan, in writing or in person, and this should be done if the client does not agree with what took place at the meeting.

ACTIVITY 7: RED LIGHT/GREEN LIGHT?

Overview: As a review activity for consumers, in understanding the ISP process, the group will review the process, using the "It's My Life--Play To Win" board, emphasizing in particular, the need to understand the most significant events along the ISP roadway; client interview, ISP meeting, decision to accept ISP, service agreement signing.

APPENDIX A

OVERVIEW OF THE ISP/ANNUAL REVIEW PROCESS

OVERVIEW OF THE ISP/ANNUAL REVIEW PROCESS

A. Introduction

The Regulations establish the fundamental standards and requirements for ISP development, approval, periodic review, and documentation. The precise implementation of these Regulations by Service Coordinators, Area Directors, and service providers will, of course, vary with the particular circumstances, specific clients, and Area Office and service provider procedures. This section of the Handbook describes the basic requirements of the Regulations for ISP development and incorporates numerous process recommendations, based on pilot experiences, for implementation of ISP procedures. In order to provide an overview of all requirements, the ISP development process is described in terms of an individual applying for services, eligibility determination, initiation of services, ISP development, and subsequent periodic review. Thus, the timelines* specified are applicable to situations when a new client enters the service delivery system. The Flow Chart on the following pages, graphically depicts the ISP development process, differentiating between Service Coordinator and service provider responsibilities.

B. Eligibility Determination

Any individual may apply for services provided, purchased or arranged by the Department. Applications for services should be made at the Area Office of the individual's Area of Meaningful Tie, but may be made at any Area Office. No individual may receive Departmental services (except prevention, early childhood intervention, information and referral, and emergency services) unless the individual is determined eligible for such services. Eligibility is determined by the Area Director within 60 days after application on the basis of a screening assessment conducted under his or her direction. The foundation for the screening assessment is the Massachusetts Service Coordination Battery (MSCB).

Within 60 days after application, the individual will be sent an Eligibility Report. The Eligibility Report will include the individual's eligibility status and, if eligible: the general types of services needed; which are adequate; most appropriate and least restrictive; the projected frequency and duration of services; the individual's priority of need for services; legal status; and recommended service providers (if known and available).

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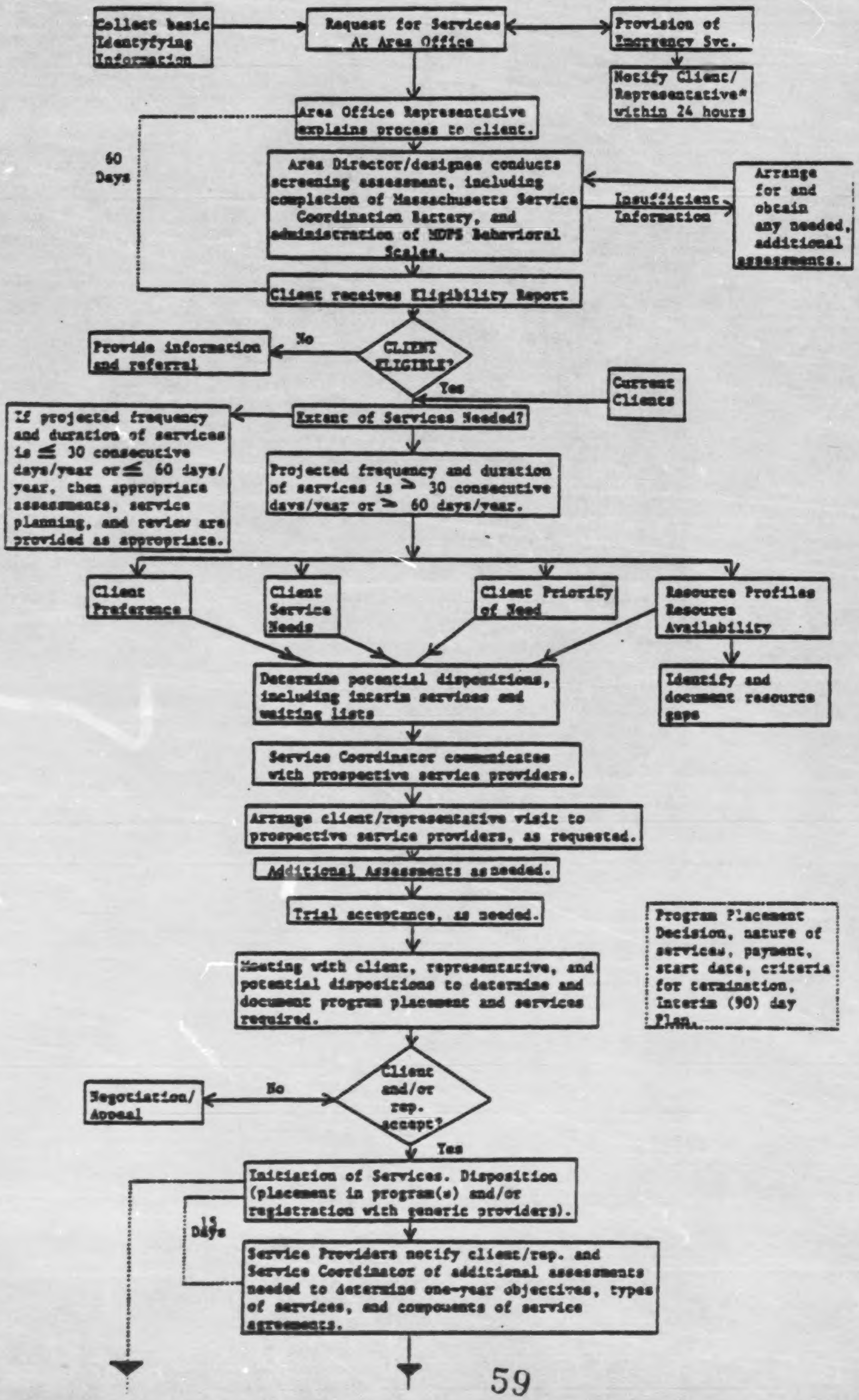
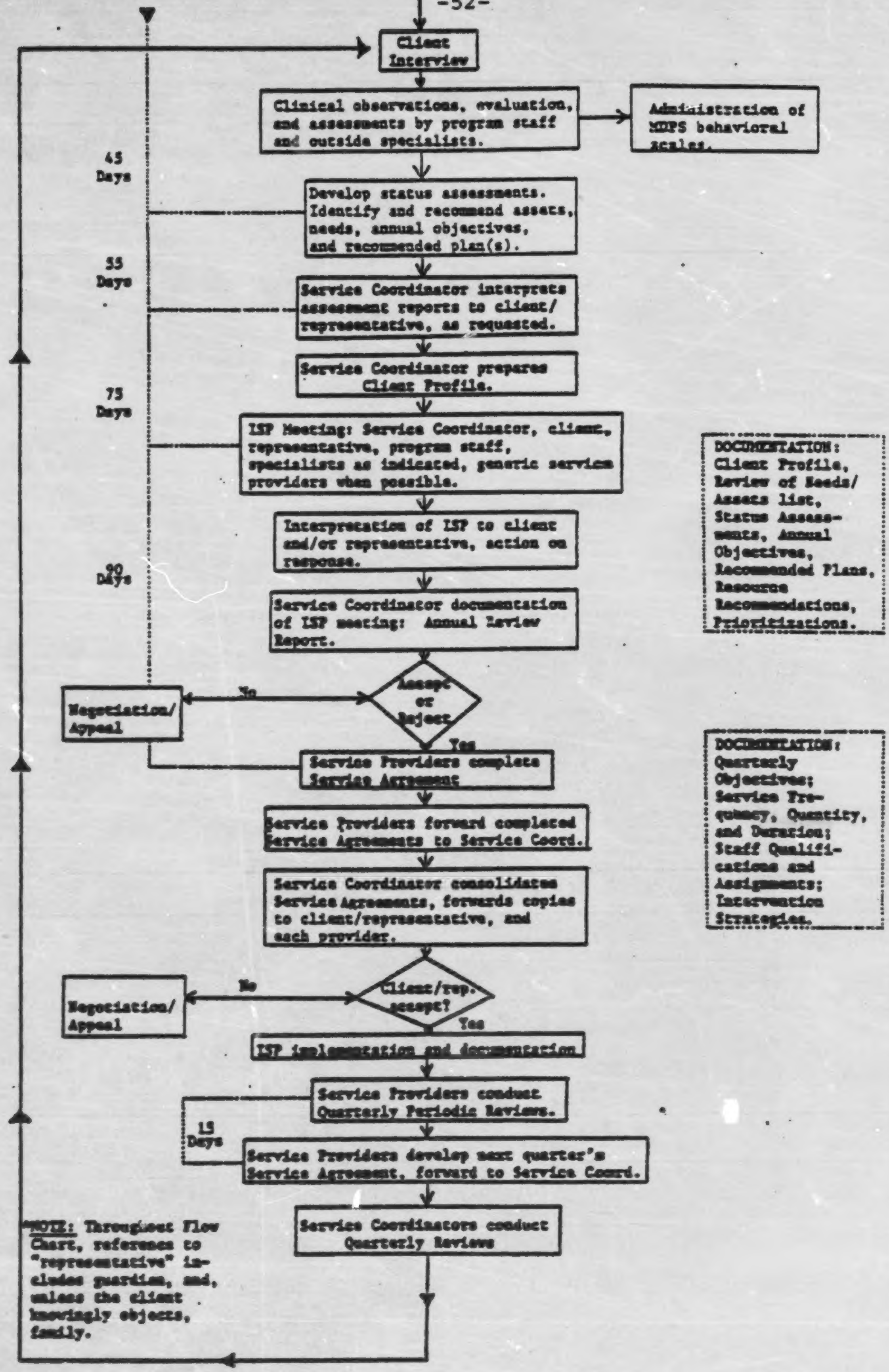
* The indicated timelines should be considered guidelines.

ISP FLOW CHART


Collect basic Identyfying Information
Request for Services At Area Office
Provision of Emergency Svc.
Notify Client/ Representative* within 24 hours
Area Office Representative explains process to client.
60 Days
Area Director/designee conducts screening assessment, including completion of Massachusetts Service Coordination Battery, and administration of MDPS Behavioral Scales.
Insufficient Information
Arrange for and obtain any needed, additional assessments.
Client receives Eligibility Report
No
Provide information and referral
CLIENT ELIGIBLE?
Yes
Current Clients
Extent of Services Needed?
If projected frequency and duration of services is ≤ 30 consecutive days/year or ≤ 60 days/ year, then appropriate assessments, service planning, and review are provided as appropriate.
Projected frequency and duration of services is > 30 consecutive days/year or > 60 days/year.
Client Preference
Client Service Needs
Client Priority of Need
Resource Profiles Resource Availability
Determine potential dispositions, including interim services and waiting lists
Identify and document resource gaps
Service Coordinator communicates with prospective service providers.
Arrange client/representative visit to prospective service providers, as requested.
Additional Assessments as needed.
Trial acceptance, as needed.
Program Placement Decision, nature of services, payment, start date, criteria for termination, Interim (90) day Plan.
Meeting with client, representative, and potential dispositions to determine and document program placement and services required.
Negotiation/ Appeal
No
Client and/or rep. accept?
Yes
Initiation of Services. Disposition (placement in program(s) and/or registration with generic providers).
15 Days
Service Providers notify client/rep. and Service Coordinator of additional assessments needed to determine one-year objectives, types of services, and components of service agreements.


Client Interview
Clinical observations, evaluation, and assessments by program staff and outside specialists.
Administration of MDPS behavioral scales.
45 Days
Develop status assessments. Identify and recommend assets, needs, annual objectives, and recommended plan(s).
55 Days
Service Coordinator interprets assessment reports to client/representative, as requested.
Service Coordinator prepares Client Profile.
75 Days
ISP Meeting: Service Coordinator, client, representative, program staff, specialists as indicated, generic service providers when possible.
Interpretation of ISP to client and/or representative, action on response.
90 Days
Service Coordinator documentation of ISP meeting: Annual Review Report.
No
Accept or Reject
Yes
Negotiation/ Appeal
Service Providers complete Service Agreement
Service Providers forward completed Service Agreements to Service Coord.
Service Coordinator consolidates Service Agreements, forwards copies to client/representative, and each provider.
No
Client/rep. accept?
Yes
Negotiation/ Appeal
ISP implementation and documentation
Service Providers conduct Quarterly Periodic Reviews.
15 Days
Service Providers develop next quarter's Service Agreement, forward to Service Coord.
Service Coordinators conduct Quarterly Reviews

DOCUMENTATION: Client Profile, Review of Needs/Assets list, Status Assessments, Annual Objectives, Recommended Plans, Resource Recommendations, Prioritizations.

DOCUMENTATION: Quarterly Objectives; Service Frequency, Quantity, and Duration; Staff Qualifications and Assignments; Intervention Strategies.

*NOTE: Throughout Flow Chart, reference to "representative" includes guardian, and, unless the client knowingly objects, family.

C. Initiation of Services

If the individual is determined eligible, a Service Coordinator is assigned and the Area Director is responsible for determining the availability of needed services contained in the Eligibility Report. When needed services are determined to be available, the Area Office notifies the client of service availability, specifically delineating the services to be provided and the service providers. If the needed services are not available, the Area Director projects the availability of needed services and proposes an interim service plan. This interim plan contains provisions either for services which are the most appropriate, adequate and least restrictive available or for modifications to the client's current services that would best meet those criteria and be consistent with the client's needs. Actual initiation of services is subject to approval by the client and guardian, the Area Director and the service providers involved.

D. Individual Service Planning for Clients Receiving Support or Short-term Services.

For clients receiving support, short-term or non-recurrent services (less than 30 consecutive days, or less than 60 days during a 12 month period), the Regulations require that the provision of such services be accompanied by assessments of the individual's need for services, service planning, and periodic reassessment (at least annually) as are necessary and appropriate. Services received may include respite care, crisis intervention or community support services. Although they do not require the same degree of coordination as clients receiving more intensive services, these services (particularly during crisis periods) do require a systematic approach to service planning.

To meet this need, a single form has been developed for use by the Service Coordinator to meet these service planning and documentation requirements. This form is called the Support Services Coordination Form. It is recommended that this form be used in conjunction with several other relevant forms to establish an "Area Support Record" for these clients. These other recommended forms are the Identification Form, Client Assets List, Major Need Areas and Emergency Fact Sheet. It is also recommended that in conducting reviews, the Service Coordinator documents such reviews using the Service Coordinator's Quarterly Review: Status of Annual Objectives.

E. Preparation for the ISP Meeting

The ISP development, periodic review and documentation requirements described below are designed for clients who require a fairly extensive service intensity (more than 30 consecutive days or more than 60 days during a twelve month period). Such clients will generally be participating in at least one Department contracted residential or training/employment program.

For new clients entering the Department's service delivery system, an ISP must be developed and completed within 90 days after initiation of services. In preparing for the ISP meeting, which should be conducted within 75 days after initiation of services, numerous activities should be accomplished prior to the meeting. Most of these activities are the responsibility of the client's Service Coordinator, although others are the responsibility of the client's service providers.

1. The Service Coordinator notifies all ISP team members in writing of the time, date, and place of the meeting at least 2 weeks in advance. It is recommended that the Service Coordinator schedule a meeting well in advance to ensure that it is as convenient as possible.

2. The Regulations require that, within 15 days after initiation of services, each provider, subject to review by the Service Coordinator and consultation with the client as to sufficiency and necessity, determines and notifies the client, guardian, and Service Coordinator of the specific assessments needed to serve as the basis for assessing or determining need areas and selecting annual objectives. To this end, it is recommended that, within 15 days after initiation of services, each service provider give the Service Coordinator a list of: the client's needs, and the assessments necessary to identify the appropriate annual objectives and interventions (and, when necessary, to examine potential need areas). The Service Coordinator should integrate these need area lists and inform providers of their need area responsibilities with regard to assessments, identification of annual objectives, and recommendation of specific services needed. In some cases, two providers may be asked to assess the same need area.

3. According to the Regulations, within 45 days after initiation of services, each provider conducts the necessary assessments and sends a written summary, recommended annual objectives, and recommended services to the Service Coordinator. The Service Coordinator monitors and offers to coordinate the assessment process among the providers and other involved agencies and organizations. When appropriate, the Service Coordinator provides or arranges for assessments which are needed but are beyond the contractual obligations of the providers.

   It is recommended that providers document their assessments on the optional Need Area Worksheet. At the time of ISP development, copies of these Need Area Worksheets are sent to the Service Coordinator who, in turn, consolidates the Worksheets and sends copies to the client, guardian, and current service providers. Within 10 days after receipt of these Worksheets, the Service Coordinator meets, upon request, with the client and guardian to explain and interpret the assessment summaries.

4. During the period that the service providers are conducting assessments and completing Need Area Worksheets, the Service Coordinator conducts the client interview and develops, based on provider and client input, a draft Client Assets List. The Service Coordinator meets with the client and/or guardian and discusses the client's satisfaction with current activities and the client's service, objective, and goal preferences for the coming year. The results of the interview should be documented on a Report Form. If any of the information obtained during the interview affects the assessments being conducted by providers, the Service Coordinator should communicate this information (with client approval).

   At the same time, the Service Coordinator also develops a draft client profile consisting of a narrative description of the client. The Client Profile is developed on the basis of information received from the client interview, service providers, and the Massachusetts Service Coordination Battery. The Client Profile, when finalized at the ISP Team meeting, should be typed on a Report Form.

5. In preparation for the meeting, the Service Coordinator should transfer the client's need areas and assets information onto the Service Coordinator's Worksheet (if they have elected to use this optional form).

F. ISP Meeting

Within 75 days after initiation of services, the Service Coordinator convenes the ISP Meeting. The Service Coordinator invites the client, guardian, family (unless the client knowingly objects), client's representative (if any), a representative from each of the client's service providers, specialist consultants (as necessary), and anyone else considered necessary by any team member. Every effort should be made to have the client attend. However, the client may elect not to attend (which should be documented by the Service Coordinator in the "comments" section of the Attendance List).

According to the Regulations, the purpose of the ISP Meeting is to develop "an understanding among the individual, his or her guardian, his or her family, (unless the client knowingly objects), the Department and providers, as to the individual's one-year objectives, types of services needed by the individual to achieve the objectives, who is to be responsible for each one-year objective, and who is to provide each available service".

Although the Regulations require no specific format for the ISP Meeting, the following sequence is recommended:

- presentation of client profile
- review of the results of the client interview
- review of the client's assets
- review of each need area , including
    - status assessment
    - annual objective(s)/priority
    - recommended plan(s)
    - identity of responsible programs/contact persons
    - start date
- review other issues/requirements (generally the information contained in the MSCB).
- participants sign attendance list and indicate agreement/disagreement with the ISP.

Each of the steps outlined above, regardless of the sequence in which they are accomplished, involves a two-step process: (1) presentation of a draft, (2) followed by any refinement felt to be necessary by the team. The development of drafts prior to the meeting is fundamental to productive meetings; however, it is essential that they be considered only drafts that are open to revision. Only the revised (if appropriate) information will be incorporated into the ISP.

The meeting should begin with the various team members introducing themselves. Next, the Service Coordinator should read the Client Profile and ask for refinements. The results of the client interview are reviewed, as are the list of the client's assets. The Service Coordinator should make any necessary changes on the draft copies concerning these various items.

The discussion of need areas should include a discussion of the assessment report, recommended objectives and interventions. After each need area is discussed and the refinements made, the assessor should provide the Service Coordinator with a copy of the Need Area Worksheet. Priorities for Annual Objectives should also be assigned on the basis of High(H), Medium(M) or Low(L). After the specific need areas are covered, the Service Coordinator reviews any other appropriate issues that have not been discussed (e.g., medications, program changes, additional resources required). This information, along with the need area information, will eventually be documented in the Annual Review Report.

At the close of the meeting, the various participants should sign the Attendance Sheet. Each participant should indicate, on the Attendance Sheet, their approval of the total plan or disapproval of any specific element. Those elements should be detailed (need area, objective, etc.) in the "comments" section. If possible, the representatives of the various providers should then sign the ISP/Annual Review: Response Sheet, indicating approval of the ISP. The Response Sheet also can be signed during the 15-day period following the meeting.

G. Post-ISP Meeting Activities

After the ISP meeting, the Service Coordinator completes the Annual Review Report. The Service Coordinator also meets with the client, guardian and/or client's representative to interpret the results of the ISP meeting. It is recommended that this interpretation meeting be held within 5 days after the ISP Meeting. The client's responses are documented on the Interpretation Sheet, and communicated (when changes are required) to the appropriate service providers. If no major modifications of the Annual Review Report are required as a result of this interpretation meeting, the client or guardian should be asked to sign the Response Sheet indicating approval of the ISP. The Response Sheet can also be signed during the 15-day period following the ISP meeting. Usually,the client will sign after each of the providers. The client and guardian should also be informed of their right to appeal any ISP decision.

If the Response Sheet was not signed by the client's service providers at the time of the ISP Meeting, the Service Coordinator, upon completing the Annual Review Report, asks the providers to sign the Response Sheet, as soon as possible after the meeting. The Service Coordinator also asks the Area Director to sign the Response Sheet, indicating approval of the ISP.

H. Developing the First Quarter's Service Agreement

During this same 15-day period following the ISP meeting, each provider should be developing a Service Agreement for the first quarter. Each provider's Service Agreement consists of an appropriate quarterly (3-month) objective for each annual objective for which the provider has accepted responsibility. In addition, for each quarterly objective, the Service Agreement contains the following information:

- intervention strategies
- resource allocation (frequency, quantity, and duration of specific services to be provided)
- person(s) responsible to manage objectives

The Service Agreement also delineates how the provider will, where appropriate, coordinate services with other providers who may be addressing the same objective, and use generic services. It is recommended that this coordination and generic service information be incorporated into the intervention for each quarterly objective. It is also recommended that the Service Agreement include a copy of the schedule of daily activities for the upcoming quarter.

Providers may document the Service Agreement using the Quarterly Service Agreement: Objective Management Sheet or their own form. The approval, by the client or guardian, of the information is documented on the Service Agreement: Response Sheet. Unless the proposed formulation of annual objectives and recommended services is rejected by the client, guardian, service provider, or Area Director, the Service Agreements for the first quarter should be completed within 15 days after the ISP Meeting. Completed Service Agreements (but not support documentation unless the annual objective is shared by another provider) are sent by each provider to the Service Coordinator who reviews and consolidates all Service Agreements and sends copies to the client, guardian, family (unless the client knowingly objects), and each current provider.

I. Quarterly Periodic Review

Three months after the ISP Meeting, each provider conducts a quarterly periodic review of the client's ISP. This will be followed by quarterly periodic reviews conducted by the provider at 6 and 9 months, and an Annual Review convened by the Service Coordinator on the anniversary date of the ISP.

For each quarterly periodic review, the provider meets with the client and guardian, and reviews the client's needs, progress toward the quarterly objectives, and then identifies objectives, specific services, interventions, and resource allocations for the next quarter. The objectives, interventions and resource allocations for the next quarter are documented on the Service Agreement: Objective Management Sheet. The client's or guardian's approval of the Service Agreement is recorded on the Service Agreement: Response Sheet. Within 15 days after the quarterly periodic review, the provider sends a copy of the approved Service Agreement for the next quarter to the Service Coordinator. The Service Coordinator will review and consolidate the Service Agreements and send copies to the client, guardian, family (unless the client knowingly objects), and each current service provider.

Simultaneously, the Service Coordinator conducts a quarterly review of the client's progress toward annual objectives. This quarterly review is documented by the Service Coordinator on the Service Coordinator's Quarterly Report: Status of Annual Objectives. This report should include the Service Coordinator's comments on sufficiency of progress toward one year objectives together with recommended suggestions. It is recommended that a copy of the report be sent to the client, guardian, and each current provider.

Although the Regulations do not require Service Coordinator attendance at the quarterly periodic reviews conducted by the service provider, it is recommended that the Service Coordinator make arrangements with the service provider to do so. Otherwise, the Service Coordinator will have to meet with or contact each provider before or after each quarterly periodic review in order to complete the Service Coordinator's Quarterly Report: Status of Annual Objectives.

J. Annual Reviews

An Annual Review of each client's ISP is conducted each year on the anniversary date of the initial ISP meeting (except when changes are made to correspond to annual reviews of services provided by other agencies, e.g., local education agencies, Massachusetts Rehabilitation Commission, ICF/MR, and Day Habilitation programs). The Annual Review Meeting is convened by the Service Coordinator in order to determine whether the current types of service provided, purchased or arranged by the Department continue to adequately and appropriately meet the client's needs in the least restrictive manner possible.

The preparation for and the Annual Review meeting itself should be conducted in a manner essentially similar to that for ISP development. It includes a personal interview with the client,regarding the client's satisfaction with the previous year's services and the client's preferences for the coming year. The MSCB must also be updated and its component MDPS behavioral scales completed. Each service provider prepares a report for each of the client's need areas, specifying the client's status with regard to last year's annual objectives and any other relevant information. This information will constitute the review of process for the last quarter of the previous year. The Service Coordinator should add any comments that might be appropriate with regard to the attainment or non-attainment of the annual objective.

In addition, the provider's reports should contain recommended annual objectives, plans and priorities. This information should be discussed by the provider with the client prior to the Annual Review meeting and be brought to the Annual Review meeting rather than first sent to the Service Coordinator(as in the case of ISP development). The procedures for conducting the Annual Review meeting are: obtaining the necessary client, guardian, service provider and Area Director approval; completing Service Agreements; and completing Service Coordinator's quarterly reviews. These procedures are identical to those outlined for the ISP development process.

APPENDIX B

PREPARATION FOR THE
ISP/ANNUAL REVIEW MEETING

PREPARATION FOR THE ISP/ANNUAL REVIEW MEETING

The Service Coordinator and service provider each have specific preparation activities related to an ISP/Annual Review meeting. The Service Coordinator is responsible for coordinating the preparation activities and arranging for those assessments identified as necessary, but which lie outside the responsibility of any contracted program. The Service Coordinator is responsible for ensuring that the client interview is conducted, developing a draft client profile and acquiring information from generic service providers.

The prime responsibility of provider staff during the preparation phase relates to the identification of appropriate need areas and the subsequent development of specific information regarding those need areas. The providers must also identify client assets. Providers may also be asked to assist the Service Coordinator with the client interview and development of the client profile.

The first step in the preparation process is for the Service Coordinator to send written notification of the upcoming meeting to the client/guardian and service providers. Then, the Service Coordinator asks the providers to identify need areas which they deem necessary and appropriate for the client. This identification of probable need areas can be accomplished either over the phone or at a pre-ISP meeting. The Service Coordinator combines and assimilates the need areas suggested by the providers, as well as the client/guardian, into one list. The Service Coordinator then identifies for each provider the need areas for which they should prepare assessment and planning information.

Usually, providers complete planning and assessment information on only the need areas they previously identified. However, they may be asked to complete information on areas they did not identify; if that area appears to the Service Coordinator or another provider to have programmatic overlap. In the case of a need area for which no provider has the capacity to assess, the Service Coordinator is responsible for securing the necessary assessment.

The Service Coordinator may arrange an outside assessment of that need area. If the Service Coordinator cannot arrange for the outside assessment in time for the meeting, he/she should ask the most appropriate provider to complete a best-effort assessment of that need area. In this case, the provider is not required to develop any information beyond a status assessment (however, if they desire, they may include suggestions regarding annual objectives, recommended plans and priority). The Service Coordinator still maintains responsibility for having the formal assessment conducted.

Each assessment of a need area generally includes:

- a statement of the client's current level of performance within the need area
- annual objective(s)
- a priority for each annual objective
- a recommended plan for the attainment of each objective
- a start date for each objective
- an identification of the need area as Major or Interim
- a goal statement

This information is recorded on the optional Need Area Worksheet (see next page) or in any other written format as long as the information listed above is provided.

At the same time that the providers develop the assessment and planning information, the Service Coordinator coordinates the acquisition of all other necessary information. This generally includes:

- collecting information from generic providers
- arranging for specialist assessments
- assuring that required assessments have been completed
- completing the Massachusetts Service Coordination Battery (MSCB)

During this same time, the Service Coordinator assures that both the draft Client Profile and Assets List are developed and that a client interview is conducted (unless the client rejects it).

NEED AREA WORKSHEET

(BRING TO MEETING)

NEED LTR # Major

CLIENT'S NAME Roy Clarke
Worksheet discussed with client X

DATE Nov 1,1980

NEED AREA Domestic Skills

REVIEWER'S NAME POSITION AND AGENCY J. Reed, Asst. Manager, East Street

GOAL: Probable level of ultimate functioning in this Need Area Care for own room/bathroom

STATUS ASSESSMENT: First annual review of a Need Area requires a brief statement of current client capabilities (skills), any difficulties the client is experiencing, and potential obstacles to progress. Future reviews should specify the extent to which last year's Annual Objective has been attained: if not attained, include reason. Also state any other significant changes in client status related to this Need Area.

Roy is currently able to independently dust, sweep the floor, wash tables/chairs, clean windows/mirrors, make his bed, lock/unlock doors, hang curtains and plug/unplug electrical items. He currently requires some form of physical assistance to operate a thermostat, change lightbulbs, vacuum floors and wash the bathtub. Roy is able wash the toilet, but will not do this unless a staffperson is present.

a. ANNUAL OBJECTIVE: In behavioral or otherwise measurable terminology which includes the behavior, performance conditions and success criteria.

Operate thermostat, change lightbulbs and vacuum room as needed.

RECOMMENDED PLAN: General description of the intervention(s) appropriate for attaining the Annual Objective.

1 to 1 training sessions with a gradual reduction in the amount of assistance provided. Weekly checks of his room to check independence level.

PRIORITY	CONTACT PERSON	START DATE
Medium	J. Reed	Dec 12,80

b. ANNUAL OBJECTIVE: In behavioral or otherwise measurable terminology which includes the behavior, performance conditions and success criteria.

Clean toilet at least twice a month.

RECOMMENDED PLAN: General description of the intervention(s) appropriate for attaining the Annual Objective.

Discussions (1 to 1) as to need for cleaning toilet regularly. Find out why Roy does not clean toilet. Check at least twice a month to determine level of independence.

PRIORITY	CONTACT PERSON	START DATE
Low	J. Reed	Dec 12,80

CCRS W-1

The Client Profile is a one-page narrative which presents a current description of the client as a total person. The Service Coordinator solicits information for the profile from the client, provider staff and records. The profile should represent a general introduction to the client and contain (as appropriate) the following types of information:

- recent residential/training employment services
- current residential situation
- current training/employment activities
- leisure time preference
- family relations
- medical status
- critical need areas
- special assets
- future expectations/needs

The Service Coordinator also meets with the client prior to the meeting and conducts the Client Interview during which the ISP process is explained and the client's reactions to previous services and desires for future services are solicited. If the Service Coordinator is not familiar with the client, he/she may ask a parent, provider staffperson or advocate to conduct the interview. The Service Coordinator must be present and should document the results of the interview.

The interview should be conducted in whatever fashion is most appropriate for the specific client. The Service Coordinator is responsible for writing a report of the interview, indicating who was present and highlighting the questions asked and the client's comments. The Service Coordinator should acquire the permission to include specific client comments in the report (final approval of the content of the report will take place when the client approves the ISP/Annual Review Report). If there is any information resulting from the interview that the Service Coordinator would like to communicate to other team members prior to the meeting, he/she should secure the client's approval.

During the preparation phase, the Service Coordinator develops a draft Assets List. Client assets include those items which support or positively contribute to the development and/or implementation of his/her program, including personal strengths such as:

- community skills
- reinforcer preferences
- learning style strengths
- interest areas
- interpersonal skills

and social/financial resources, such as:

- family involvement
- volunteers
- medical benefits
- sources of funds

The Service Coordinator asks both provider staff and the client (guardian/family) to identify assets. At the same time, he/she asks the identifiers of the asset to specify the probable programmatic implications of that asset. Implications are to be specified even though they may seem obvious to the identifier.

If the various activities identified above are accomplished as a matter of careful routine prior to the meeting, one can conduct a meeting that is reasonable in terms of time, content and flow. Such a meeting usually leads to the productive inter-program planning that is absolutely critical to maximizing client progress toward his/her potential as a self-supporting individual.

APPENDIX C

ISP/ANNUAL REVIEW DOCUMENTATION

ISP/ANNUAL REVIEW DOCUMENTATION

The Service Coordinator is responsible for the incorporation of the information presented and discussed prior to and at the ISP/Annual Review meeting into a written plan. This plan is then presented to the client, providers and Area Director for their acceptance. The completed plan consists of the following components:

- Client Profile
- Client Interview Report
- Client Assets List
- Major Need Areas
- Interim Need Areas
- Annual Review Report
- Attendance and Interpretation Sheet
- ISP/Annual Review Response Sheet

It is recommended that the written plan which is prepared for acceptance have a cover sheet. Although there is no specific format, it must be clearly labeled "Confidential" in at least two places. The Client Profile and Client Interview Report can be recorded either on the multi-purpose Report Form or on an open sheet. The Client Assets List, Major Need Areas and Interim Need Areas must be recorded on the appropriate forms.

The Annual Review Report (ARR) is typed on open sheets. It consists of the following sections:

- review of Need Areas
- required assessments (if not included as a need area or parts of a need area assessment)
- required reviews (appropriate updates)
- other issues or concerns (if necessary)

The Review of Need Areas covers information presented about each need area during the meeting. For each need area the information is organized into the following elements:

- Assessment

  The assessment should reflect the client's current level of functioning within the identified need area. Frequently one provider will be responsible for this information. If more than one provider has been asked to complete an assessment of a need area, all sets of assessments should be recorded (with the assessor identified). If the assessments are significantly different the team consensus should also be documented.

- Annual Objectives

  The appropriate objective(s), stated in behavioral and measurable terms, should be listed. Each objective should indicate the level at which the client will be in one year.

- Priority

  Each annual objective must be assigned a priority. Priorities (high [H], medium [M] and low [L]) are identified in relation to the client's need (as opposed to in relation to each other). Medical objectives are assigned a priority of "1".

  "High" priorities are assigned to objectives which are important and urgent; "Medium" priorities to those which are important but not so urgent; and "Low" priorities to those which should be addressed if resources are easily available.

- Recommended Plan

  For each Annual Objective a statement of the general approach to be used to obtain it should be indicated. The recommended plan does not usually contain specific resource allocation information; however, it may often include a recommended staff to client ratio.

- Responsible Agencies and Contact Person

  For each Annual Objective, the agency(ies) which will address it during the next year should be indicated along with the agency contact person (for that objective).

- Start Date

  For each Annual Objective, the date on which the service is expected to begin must be stated. If the date is after the start date of the first quarter's service agreement, the reason must be indicated in the recommended plan.

If there are no resources available to address a need area, the Service Coordinator arranges for the development of a best-effort assessment by a provider (pending a specialist assessment). No annual objectives need be specified. The recommended plans include the team's conclusions regarding possible objectives, priority, techniques, resources, and a statement by the Service Coordinator regarding actions to be taken to secure the necessary resources.

The second component of the ARR, Required Assessments, involves specific annual assessments required in the Regulations. During the first year of ISP development for a client currently receiving services, medical/dental, social and psychological assessments are required (thereafter only a medical will be required). If these assessments have been accomplished within the last year, the results can be used. The results should be documented in this section of the ARR if they are not more appropriately placed in another section of the client's record.

The third component of the ARR, Required Reviews, involves specific items that must be reviewed periodically by the Service Coordinator. These include:

- eligibility
- entitlements
- Area of Meaningful Tie
- legal status
- availability of services previously identified as necessary but unavailable
- medication/diet
- items to be referred to the Human Rights Committee

Most of these items are reviewed by the Service Coordinator as part of the Massachusetts Service Coordination Battery. Any information not covered, or any recommendations for change in any of the issues should be documented in the Annual Review Report.

The fourth component of the ARR, Other Issues/Concerns, is used by the Service Coordinator to document specific issues critical to the client's services. These could include:

- any major changes in services
- any required documentation that is outstanding
- any difficulties in maintaining an integrated program
- any issues/concerns raised by the client that are not documented elsewhere

The Attendance/Interpretation Sheet is used to document attendance at the meeting and to document the interpretation of the meeting results to the client. The attendance section is also used to record each participant's approval of the overall plan or disapproval of specific aspects of the plan. Disapproval must be explained and specified in the "comments" section.

A copy of the ISP/Annual Review Response Sheet should also be part of the documentation. If the Service Coordinator uses a separate copy for each provider, each should be signed by the client and Area Director, and a copy of each attached to the plan.

ISP/ANNUAL REVIEW: SAMPLE ENTRIES

The following pages are examples of completed ISP/Annual Review/Service Agreement(optional) and Periodic Review forms. They are intended to show the type and range of entries that might be found on these forms. These examples are not intended to be a model record for a specific client.

APPENDIX D

IDENTIFICATION OF NEEDS AREAS

IDENTIFICATION OF NEED AREAS

Introduction

The Client Record represents a need-oriented approach to providing services to mentally retarded clients. A need-oriented record is, essentially, a positive variation of the traditional problem-oriented approach. The development of a list of individual client needs provides the foundation for all service delivery.

Traditionally, the identification of need areas is accomplished through the use of either a static or a flexible model. In the static model, all potential need areas are predetermined and the team selects those need areas which appear to be relevant to the client. Sample static need areas might be: Prevocational Skills, ADL Skills, Receptive Language, and Behavior Management.

Although the static system is simpler to use initially, its major weakness is that it tends to result in similar need areas for many clients. As a result, the Needs Lists does not reflect the quick, individualized picture of the client that it should.

In a flexible system of need area identification, the need areas are determined and worded without the use of the pre-established list of potential need areas. This approach allows for specific identification; resulting in appropriate focus. Specific concerns can be clearly indicated without diluting them in generalized categories. For example, if the client hits peers and this is his/her only hostile behavior, the need area in a flexible system might be "assaulting peers" and not the static "hostile behavior" or "behavior management."

To assist in the implementation of a need-oriented approach, the record has two major forms: Major Need Areas and Interim Need Areas.

Need Area Lists

The Need Area lists provide a table of contents for the record, display the client's current/past status, and form the framework for the service plan. They should be client-centered and reflect the results of the client interview and all available assessments, and are not to be identified only by the traditional institutional definitions (e.g., a deficiency that must be overcome).

Needs are defined as areas where improvement will allow an individual to function, in a more integrated fashion, toward achievement of his/her life-long goals. Thus, learning to swim (if desired by the client) is just as valid a need area as learning to cook. In keeping with this orientation, need areas are worded in neutral terms (e.g., "cooking" rather than "lacks cooking skills"). Also, whenever possible, need areas relating to behavior management issues are worded with regard to desired outcome rather than current-problem (e.g., "respect for property of peers" rather than "steals from peers").

Major Need Areas

A major need area represents something that currently presents a significant barrier to the client in attaining his/her ultimate potential. Also, a major need area, a permanent part of the record, is likely to be a concern over a relatively long time (e.g., usually more than one year).

The identification of major need areas is based on their overall importance to the client's actual or potential functioning, physical well-being, or behavior pattern. A major need area may be in a developmental area or maladaptive area, or represent physical, family, or community difficulties; or expansion of an asset.

It is critical that all ISP Team members be involved in the initial development of the Major Need Areas. Since the Major Need Areas are the heart of the record, it is likely that team members not involved in their development will not have the total involvement necessary for a commitment to the ISP. In this case, every effort should be made by the Service Coordinator to involve outside service providers in the development of the list.

The identification of major need areas is a critical aspect of ISP development. Poorly identified need areas (e.g., too many, too few, poorly worded, not client-centered) lead to an ineffective and inefficient record. An operative Major Needs List must:

- reject recommended need areas that reflect administrative rather than client-centered needs
- reject recommended need areas that reflect professional snobbery or a lack of knowledge of what a need area is, rather than client-centered needs
- combine recommended need areas that can be incorporated under a single title
- create specific, individualized need area titles

If the team allows actions to occur which impinge upon the client-centered, streamlined major need areas approach, the list becomes unwieldly and extremely time consuming to use. Historically, when this happens, the remedial actions (e.g., removing resolved need areas or limiting each need area to one annual objective) become extremely counter-productive and insensitive to client-centered services.

Interim Need Areas

In identifying Interim Need Areas, team members document temporary need areas (those that usually will be resolved within one year), and potential Major Need Areas. Interim Need Areas generally arise between Annual Reviews and may be entered onto the Interim Needs List by individual team members. Interim Need Areas include:

- recommended evaluations; i.e., speech, diabetes
- acquisition of personal possessions (e.g., wardrobe, furniture).
- new behavior management issues
- unexpected events (e.g., opportunity to go on trips, loss of a parent)
- specific splinter skills necessary to move to a less restrictive situation

Excluded from Interim Need Areas are many items that logically fall under a Major Need Area. For example: Community Travel is a Major Need Area with an Annual Objective relating to "travelling by bus"; but the client has an immediate need (because of a new job) to learn to travel by train. Train travel should be included as a new quarterly objective (with the client's approval) rather than be identified as an Interim Need Area.

An initial list of Interim Need Areas is developed prior to the meeting and finalized at the ISP Meeting. During the year, providers may add items to the list, as appropriate. The Service Coordinator should be informed immediately of any changes that might affect other Service Providers. Otherwise, the Service Coordinator can be informed as part of the next periodic review. Numbers for Interim Need Areas will be assigned sequentially and historically by the Service Coordinator.

At each Annual Review the team should prepare a new list of Interim Need Areas. The old list should be evaluated to determine which items should be continued, discontinued, or moved to the list of Major Need Areas.

Goal Statements

Both the Major and Interim Need Areas require identification of goals. The goal statement represents the anticipation of ultimate performance of the client in the need area. Given the nature of a goal statement, it is usually not measurable. Goal Statements should, however, be as behaviorally specific as possible. At times, it may be extremely difficult for the team to specify ultimate performance; in such cases, the team might elect to identify the level they expect the client to reach in three to five years. At other times, because of a lack of experience with the client, it may be necessary to use vague terms; e.g., "maximize," "improve." But as soon as more specific information is available, the goal statement should be changed to more accurately identify anticipated performance. The team can change a goal statement whenever it is no longer accurate or appropriate.

APPENDIX E

CLIENT INVOLVEMENT

MAXIMIZING CLIENT INVOLVEMENT IN THE ISP PROCESS

In order to avoid institutional settings as many handicapped persons grow older, they will require some degree of life-long or follow-along services. This fact, coupled with continuing efforts to replace institutional settings with more normalized environments, is leading to increased service options for handicapped adults. Administrative, programmatic, and moral issues, however, make the coordination of adult services a complex and delicate undertaking. Coordination must be effective and, at the same time, sensitive to the client's need to take an ever increasing role in those decisions affecting his/her life.

Adult services involve a series of intricate requirements (e.g., funding, standards, documentation). They are frequently contradictory, and imposed by agencies with varying responsibilities. Aside from administrative hurdles, programmatic incongruities often arise when a client's plan has residential, day activity, vocational, specialist and generic service components, each supplied by a different provider. In response to this issue, and in an effort to provide the most appropriate services, state agencies responsible for overseeing the provision of adult services usually require some form of Individual Service Plan (ISP). The ISP indicates what services will be provided, by whom, and how the services will be integrated into a comprehensive program. Ironically, while ISPs enhance service delivery and coordination, they also may, due to their complex nature, impede efforts to decrease control of the client's life by others. However, it is possible to mitigate this apparently counterproductive aspect of the ISP by maximizing client participation in ISP development and implementation.

A Commitment to Client Participation

Although it can be a difficult undertaking, involving the client does generate client commitment and assists the team in becoming aware of client aspirations. To achieve these results every service provider must be committed both to involving the client in each element of the ISP process and to maximizing that participation at every decision point.

This commitment, which is easy to make at a conceptual level, often breaks down at the operational level. Often, both client and staff, although supportive of client participation, are initially apprehensive and unsure of their role.

Basically, the key is to acknowledge the fact that the client can potentially be involved at every phase of the process. The client can make decisions, add to what is being said, or report reactions to the services he/she is receiving. Maximizing client understanding and participation may well require that the process be modified (staff should be aware of their options) and/or the client-taught skills necessary for more meaningful participation. Many clients previously had little or no control over their life situations. As a result, increased ISP participation is a critical long-range objective as it relates to their assessing the decision-making options available.

Building a Foundation for Client Participation

Although each agency's ISP system varies with regard to terminology and sequence, all systems generally follow a basic cycle. Most involve an annual interdisciplinary team meeting at which specific objectives and interventions are identified and appropriate service providers assigned. Following which, those responsible for specific objectives submit regular progress reports and make necessary program modifications. Given such a basic cycle, the points at which the client can participate include:

- Client Inverview
- Development of the Client Profile
- Development of Assets List
- Development of Needs Areas
- Reporting of Current Skill Status
- Selection of Objectives and Priorities
- Selection of Appropriate Interventions
- Approval of the Plan/Service Agreement
- Review and/or Submission of Progress Reports

Client Interview

A critical point of client involvement, especially with regard to the Annual Review, is in the client interview. The client interview has two prime objectives. It must help the client understand the ISP process. And, it must determine the client's satisfaction with his/her current life situation.

Initially, the client has little understanding of the planning process and his/her participatory role. The client needs to understand the planning concept, the process, and modes of participation, including specific approval/rejection options. It is essential that the client also differentiates his/her role as team member from his/her role as team consumer.

One way to help the client comprehend the ISP concept and process is to correlate it with an activity in which he/she has recently participated (e.g., going on a trip or having a party). Or, one can explain the process in relation to the ISP of another client; this option is especially helpful if the other client can participate in the explanation.

Equally important is the need to determine the client's satisfaction with the previous year and his/her expectations for the coming year. The client should be asked about preferences in all aspects of his/her life style (e.g., residential, social, vocational, educational, recreational). This information helps the team understand how the client feels about him/herself. The team also uses this information to identify client needs and objectives and to assign priorities.

Although it is recommended that the interview be conducted by a Service Coordinator, it can be conducted by anyone identified by the team. In addition to the obvious communication and empathy skills, the criteria for an interviewer include knowledge of and by the client (although not from daily contact with the client). This criteria enhances meaningful communication, yet allows the interviewer a beneficial level of objectivity. The client's advocate makes an ideal interviewer. And unless it proves disruptive to the interview, the Service Coordinator also should be present.

The process for determining client satisfaction with previous services and desires regarding future services also addresses all major categories (e.g., residence, employment). The interviewer must use an appropriate means of communication to ask specific questions that solicit the client's opinions and desires in each category. At times, the client may express unrealistic desires for the coming year. It is important that the client comprehend the steps involved in attaining his/her objective and then, if necessary, identify a more appropriate annual objective. Some tactics that might be helpful include:

- Offer the client some options regarding objectives;
- Question the client carefully to assure you both fully comprehend the objective;
- Give the client your honest opinion;
- Let the client observe or experience what is involved in achieving his/her objective.

These tactics, although somewhat time-consuming, help establish a solid and cooperative foundation for the rest of the ISP process.

APPENDIX F

ISP MEETING

The ISP Meeting: Talking and Listening

Regardless of how the ISP Meeting is organized, the client must have a full opportunity to review and contribute. Usually, an annual general description/profile of the client is discussed early in the meeting. It is positively worded, concentrates on actual behavior, includes client assets and is as devoid of jargon as possible. The client is asked his/her reaction to the profile and whether he/she has anything to add to it. Then, the Service Coordinator paraphrases the report, including highlights of major issues raised by the client, need areas identified by the client, and a summary of any related discussions. The client is then asked to confirm the accuracy of the report.

To maintain a positive emphasis at the ISP Meeting, follow the profile interview review with a discussion of the client's assets. Here, positive personal characteristics and the available social resources identified are listed and included as part of the ISP. This early attention to assets is highly reinforcing to the client and helps establish a propitious team attitude.

After specifying assets, the team needs to identify those things that present significant long-term barriers to the client's attainment of his/her potential. The client's desires are integrated into this discussion. The needs identified are listed and used as the agenda for the remainder of the meeting. Whenever possible, needs are written in neutral rather than negative terminology (e.g., "self-actualization" rather than "poor self-image"). As his/her needs are considered, the client is asked if there are any items to be added or removed. Once the list is read and revised (if necessary), the client is asked what needs he/she would like to discuss.

As the client's current ability or status with each need is discussed, the client is asked if he/she agrees and if he/she wants to add his/her own status report. The client's assessment is incorporated into any team's concluding statement on that need area. The client is also asked his/her reactions to annual objectives, plans, and priorities specified by the team. The client is told the value and attainment-possibility of each annual objective. Whenever appropriate, each annual objective is specifically related to the client's desires (as expressed during the client interview).

Although the client may anticipate in the meeting and appear to understand each element of the plan, the intensity and duration of the meeting often makes it difficult for the client to fully understand the elements. For a decision regarding approval, it is advisable to explain the total program again in a separate meeting between the client and the Service Coordinator. The results of that meeting are then documented and communicated to the team.

The approval of the plan is obtained in a manner that best assures that the client understands what he/she is approving. Informed consent procedures (Turnbull, 1977) offer one way to document team efforts to provide the client with the information necessary to make an independent decision. Informed consent procedures require that consent be written, that the procedures utilized be specified, and that the information given the client be summarized. The person securing consent must explain the intended outcomes and procedures involved, the risks (if any) of each proposed procedure, the alternatives to the proposed procedures and the fact that consent may be witheld or withdrawn at any time. No matter how detailed the explanation, consent cannot be totally informed if the client is a passive participant in the process. The client must be questioned about what he/she has been told to better assure meaningful comprehension and approval.

Program Implementation: Maintaining Client Participation

Client participation in the ISP process does not end with the meeting. As service providers identify appropriate short-term objectives, the objectives are discussed with the client. It is essential that the client see how the short-term objectives relate to the agreed upon annual objectives. Whenever possible, the client is involved with the selection and/or development of the training procedures that will be used to attain the objectives.

On a quarterly basis each service provider must make a brief written statement on the client's progress toward the stated objectives (which is documented by the Service Coordinator). The client is then allowed to read (or have read to him/her) the progress notes made by the team members. The client is given the opportunity to submit a note describing his/her own evaluation of the program/progress. If possible, the client writes his/her own entry. If the client has difficulty writing, a staff member writes down the client's spoken or signed statement.

Summary

Although it requires a considerable amount of time and creative energy, client involvement in the ISP process provides exciting new opportunities for both client and staff. All clients benefit from an ongoing commitment which involves him/her in the decisions regarding his/her program. Of course, clients vary in their ability to participate; however, it is critical that the limits of participation be set by the client's ability, and not by lack of opportunity. A service-system-wide commitment to client involvement prevents the ISP process from becoming a self-serving administrative activity while enhancing its function as a tool for attaining the optimum in coordinated and appropriate client services.

References

Turnbull, H. (Ed.). Consent Handbook. Washington, DC: American Association on Mental Deficiency, 1977.

Background Resources

The following resources may prove helpful to the professional training consumers relative to their ISP. While none of them deal directly with training consumers about individualized service plans, they place the issues which surround such training in context.

Advancing Your Citizenship: An Advocacy Manual for People with Disabilities. Eugene, Oregon: Center on Human Development, 1979.

Advancing Your Citizenship. Consumerism/Advocacy and Disabled Persons: An Annotated Bibliography. Eugene, Oregon: Rehabilitation Research and Training Center in Mental Retardation. 1980.

CCRS Handbook, The Community Client Record System. Lincoln Center, MA: Seaside Education Associates, 1980.

Citizen Advocacy Resources. Research and Training Center in Mental Retardation. Lubbock, TX: Texas Tech University, 1980.

Consumer Education in the Human Services. Edited by Alan Gartner, Colin Greer and Frank Riessman. New York: Pergamon Press, 1979.

Program Issues in Development Disabilities: A Resource Manual for Surveyors and Reviewers. Ed. by James F. Gardner, Linda Lorg Baltimore, MD.: Paul H. Brookes Publishers, 1980.

Service Coordination Manual. Produced by the Department of Mental Health. Boston, MA; Department of Mental Health, 1980.